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ABSTRACT

This handbook, developed as a reference guide, contains the text of laws, rules and regulations of the New York State Education Department governing the practice of medicine in the state. An introductory section describes the professional regulation system of New York, addressing these topics: professional education; the role of professional boards, minority access to the licensed professions; professional licensing services; professional discipline; and state assistance for professionals abusing alcohol and other drugs. The second section contains licensure requirements and application instructions. The third section consists of checklists and application forms for medical licensure applicants. Subsequent sections contain the following materials: the texts of two relevant articles of the education law; commissioner's regulations for curricula and practice; and rules of the Board of Regents concerning disciplinary proceedings, the committee on the professions, determination of good moral character, and unprofessional conduct. Various laws pertinent to the practice of medicine, including New York State Insurance Law, Civil Practice Law, Mental Hygiene Law, and New York State Social Service and Public Health Laws are also presented. A listing of accredited medical programs is included. (LPT)

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MEDICINE HANDBOOK

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THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
Cultural Education Center
Albany, New York 12230

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THE STATE EDUCATION DEPARTMENT
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Cultural Education Center
Albany, New York 12230

MEDICINE
HANDBOOK

Reprinted December 1990

DECEMBER 1989

THE UNIVERSITY OF THE STATE OF NEW YORK

Regents of The University

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PREFACE

This handbook has been developed to serve as a helpful reference guide. It contains laws, rules, and regulations of the State Education Department that govern medical practice in the State of New York. The handbook also highlights requirements and procedures for obtaining licensure and first registration as a physician.

The Division of Professional Licensing Services has installed a service for receiving toll-free calls from persons calling within the United States.

The number for callers from this wide area telephone service (WATS) zone is **1-800-342-3729**.

Callers may also use **518-474-3817**.

Inquiries concerning practice issues should be directed to the State Board of Medicine at **518-474-3841**.

Conferral of M.D. Degree (Professional Services Unit)	**474-8225**
Acupuncture Certification (Comparative Education Unit)	**474-3839**

In writing to the State Education Department, address letters to the attention of the appropriate unit, for instance:

Attention: Medical Processing Unit
New York State Education Department
Division of Professional Licensing Services
Cultural Education Center
Albany, NY 12230

This publication replaces the Medicine Handbook, July 1988.

Please Note: The applicant is responsible for reading this Handbook prior to submitting an application for licensure.

IMPORTANT NOTICE

FEDERAL NARCOTIC STAMPS

New York State *does not* issue narcotic stamps. A *Federal* narcotic stamp is required to prescribe and dispense narcotic and dangerous drugs. To obtain the Stamp you must apply to:

United States Department of Justice
Drug Enforcement Administration
555 W. 57th Street
New York, NY 10019
Telephone: (212) 399-5151

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PROFESSIONAL REGULATION IN NEW YORK STATE

State regulation in 32 fields of professional practice, including issuance of licenses and enforcement of rules of professional conduct, is vested in the Board of Regents in New York. Medicine was the first profession regulated by the Board of Regents with the establishment of licensure of physicians in 1892.

Practice of a profession is a public trust, earned through educational preparation, experience, the passing of rigorous examinations, and commitment on the part of the practitioner to public service. The professional carries out that trust in accordance with ethical standards developed through centuries of the best professional traditions, and in accordance with State law and regulations. Professional practitioners are urged to be always conscious of the very special obligations of public service and of ethical conduct that the privilege of licensure creates.

The New York system of professional regulation is unique in that it places a citizen body, the Board of Regents, which is responsible for education at all levels, in charge of the education, licensing and discipline of the professions. It is also unique in providing for boards to advise the Commissioner and the Regents on all matters relating to licensure and discipline. The boards, each aided by an Executive Secretary appointed by the Regents, provide communication links to the professions and the public. The boards make recommendations on policy and on disciplinary issues and provide advice to the Department and the Board of Regents.

Under policy established by the Board of Regents, the Title VIII professions are administered through the following units of the Office of the Professions.

Professional Education

The Department monitors programs of professional education according to standards for registration (accreditation) established by the Board of Regents. Specifically, the Department's Bureau of Professional Education Program Review, working with appropriate Board Executive Secretaries and consultants, evaluates proposed new programs as well as currently registered programs in some 300 institutions that prepare individuals for the practice of one or more professions. Information concerning registered programs, including licensure-qualifying programs in the professions, may be obtained by contacting the Bureau of Professional Education Program Review at 518-474-3863.

Professional Boards

Twenty state boards for the professions are appointed by the Board of Regents to advise the Department and the Regents on matters relating to professional licensure, practice and conduct. The law provides that these boards be composed of a number of licensed professionals and one or more "public members," consumers of the services provided by the profession concerned. Some 300 persons serve on the 20 boards. The boards conduct disciplinary hearings at the request of the Office of Professional Discipline. In meeting their responsibilities for selecting or developing appropriate licensing examinations, the boards are guided by the Department's Bureau of Pofessional Examination Development and Assessment.

Minority Access to the Licensed Professions

The Regents are committed to the premise that equal educational opportunity in programs that lead to licensure is a right of all who live, work or study in New York State. Despite progress in achieving greater access for minorities and disadvantaged populations, there still exists a severe underrepresentation of minorities in the licensed professions. To correct this problem, the Regents and the State Education Department endorse a coordinated and comprehensive effort involving the sustained efforts of the educational system, professional boards, professional associations and societies, government, industry, parent groups, and individual professionals. If you would like more information about educational and scholarship programs designed to assist people pursue professional education or if you are a licensed professional interested in volunteering in such programs, please write or call the Division of Postsecondary Equity and Access Programs at 518-473-6810.

Professional Licensing Services

The Division of Professional Licensing Services of the State Education Department issues more than 50 different authorizations to practice in the 32 professions licensed or otherwise credentialed by the Department and Board of Regents. The Division has three major program sections: the Operations Office, the Comparative Education Office and the Office of Test Administration. In coop-

eration with the Executive Secretary of the State Board in each licensed profession, the Division's Operations Unit is responsible for administering licensing rules and regulations, assuring that the standards set by law are met prior to licensure and for administering the triennial registration system for licensed professionals practicing in the State. In order to practice or use a professional title in New York, a professional must be registered with the Department as well as licensed. The registration period is specific for each profession and expires for all members of that profession on a common date indicated on each practitioner's registration certificate. It is the responsibility of any licensed professional practicing in New York to maintain current registration and to notify the Department directly of any change of address or name.

The Division's Comparative Education Unit evaluates all applications involving foreign or nontraditional education. Staff in this office have specialized training with educational systems and academic programs established throughout the world and provide special assistance to applicants presenting credentials earned in other countries or unaccredited programs for purposes of licensure in New York State.

The Professional Examination Administration Unit schedules and administers professional licensing examinations conducted by the State Education Department. It is responsible for locating and securing acceptable examination facilities and staff regularly contract vendors, suppliers and other agencies for these services. This Unit is also responsible for scheduling candidate reviews and appeals of previous licensing examination results.

Professional Discipline

A license permitting an individual to practice in New York State is in effect for the lifetime of the holder unless use of the license is affected by a finding of professional misconduct. Professional misconduct is defined in Section 6509, Education Law, and in Part 29, Rules of the Board of Regents. It is the responsibility of each professional to be aware of the laws and regulations covering his or her profession. Copies of statute and rules are included in this handbook.

The Office of Professional Discipline of the State Education Department enforces standards of professional conduct in all professions, except that initial enforcement action in medicine is vested in the Office of Professional Medical Conduct, Department of Health. Any person who suspects or has knowledge of professional misconduct should report the information to the appropriate office. (Physicians are required by law to make such reports; failing to do so is, in itself, misconduct.) When either office discovers a possible violation of standards, it starts professional misconduct proceedings. Final disciplinary actions in all professions are taken by the Board of Regents. If the Regents decide that a licensed person has acted unprofessionally, they may suspend or revoke the authorization to practice. The Regents may also impose fines and other appropriate penalties.

Professional misconduct includes practicing fraudulently, negligently, or incompetently; practicing while being impaired by alcohol, drugs, or mental disability; being convicted of a crime; and similar serious matters. Some examples of misconduct are: physically abusing a patient, not keeping proper records, ordering excessive tests, behaving in a way that indicates moral unfitness, providing treatment or services which were not authorized, neglecting a patient in need of immediate care, guaranteeing a cure, and others.

Fee disagreements do not represent misconduct, but double billing or other fraudulent billing or charging for unnecessary services, tests or procedures does constitute misconduct.

Telephone calls or letters reporting professional misconduct will be treated confidentially.

To report misconduct of a licensed physician, specialist's assistant or physician's assistant; call the **Office of Professional Medical Conduct** in the New York State Department of Health at the following address:

Office of Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building
Albany, NY 12237
Telephone: (518) 474-8357

To report misconduct for professions other than medicine, write the New York State Education Department, Office of Professional Discipline, 1 Park Avenue, New York, NY 10016. Telephone: 212-951-6400.

Or call the **Professional Misconduct Hotline:** 1-800-442-8106. The call is toll-free from anywhere in New York State. (On holidays or during nonbusiness hours, a recorded message may be left and the call will be returned.) Or call or write the nearest regional office:

Albany: Office of Professional Discipline, 1580 Columbia Turnpike, Bldg. 3, Castleton, NY 12033. Telephone: 518-479-7070.

Buffalo: Office of Professional Discipline, 2 Pleasant Avenue West, Lancaster, NY 14086. Telephone: 716-681-2860.

Harlem: Office of Professional Discipline, 163 West 125th Street, Room 819, New York, NY 10027. Telephone: 212-870-8705.

Nassau: Office of Professional Discipline, 350 Daniels Street,Lindenhurst, NY 11757. Telephone: 516-226-2109.

New York City: Office of Professional Discipline, 1 Park Avenue, 6th Floor, New York, NY 10016. Telephone: 212-951-6400.

Rochester: Office of Professional Discipline, P.O. Box 397 2000 Lehigh Station Road, Henrietta, NY 14467. Telephone: 716-334-5184.

Syracuse: Office of Professional Discipline, Tecumseh School-Room 11, Nottingham & Waring Road, Jamesville, NY 13078. Telephone: 315-445-2111.

White Plains: Office of Professional Discipline, 55 Church Street, White Plains, NY 10601. Telephone: 914-761-8067.

Committee on Physician's Health

For physicians who are suffering from problems with alcoholism, drug abuse or mental illness, a program offered by the Medical Society of the State of New York offers help. The Committee on Physician's Health has been created to confront and refer to treatment those physicians thought to be suffering from these diseases.

The Committee intervenes with the impaired physician, evaluates the extent of the illness, if any, arranges an appropriate referral, and provides support and advocacy for the physician subsequent to his or her recovery. The program is confidential and accepts referrals from all sources.

Individuals who are having problems or family members, colleagues or administrators who suspect that a physician may be suffering from drug abuse or alcoholism may contact the Committee at:

Medical Society of the State of New York
Committee on Physician's Health
420 Lakeville Road
Lake Success, NY 11042
Telephone: (516) 488-6100

LICENSURE REQUIREMENTS FOR MEDICINE

I. GENERAL REQUIREMENTS

1. Education – (See page 4, II).
2. Postgraduate Training – (See page 5, III).
3. Examination – (See page 5, IV).
4. Citizenship – Candidates for licensure must be either United States citizens or aliens lawfully admitted for permanent residence in the United States (see page 27).
5. Good Moral Character – Candidates for licensure must be of good moral character.
6. Age – Candidates for licensure must be at least twenty-one (21) years old.
7. Application – Candidates for licensure must file with the Department completed application forms and all applicable fees. (see pages 9 & 10, V & VI).

III. EDUCATION REQUIREMENTS

A. **Preprofessional.**

Candidates shall have completed two years of acceptable preprofessional education at the postsecondary level. Proof of completion of preprofessional training must be submitted directly by the school.

B. **Professional.**

Professional education requirements differ, depending upon whether or not the candidate's medical school is registered by New York State Education Department and/or accredited by the Liaison Committee of Medical Education (LCME) of the American Medical Association. Most programs outside the United States and Canada are not so accredited.

Program registration should not be confused with Department approval granted to certain medical schools outside the United States and Canada solely for the purpose of contracting for medical clinical experiences (clerkships) in New York State which are an integral part of those programs.

1. Graduates of Registered or Accredited Medical Programs.

   Candidates must complete a curriculum of at least 32 months in a medical school registered by the Department or accredited by an accrediting organization acceptable to the Department (the Liaison Committee of Medical Education Association) *and* have received the degree Doctor of Medicine or Doctor of Osteopathy or the equivalent.

2. Graduates of Nonaccredited Medical Programs.

   a. Candidates must complete a curriculum of not less than 32 months in a medical school recognized as an acceptable educational program for physicians by the appropriate civil authorities of the country in which the school is located *and* have received the degree Doctor of Medicine or Doctor of Osteopathy or the equivalent.

   b. Candidates must pass a satisfactory proficiency examination. The proficiency examinations currently accepted by the Department are the Educational Commission for Foreign Medical Graduates examination (ECFMG), the Visa Qualifying Examination (VQE), and the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS). All three examinations have been prepared and administered by the Educational Commission for Foreign Medical Graduates. The FMGEMS examination replaced ECFMG and the VQE as of January, 1985. (A satisfactory diplomate certificate may be accepted by the Department in lieu of the required proficiency examination, see page 6, IV B.)

3. "Fifth Pathway" Candidates.

   Certain candidates for licensure may qualify under the provisions of Section 6528 of the Education Law, popularly known as the

"fifth pathway." The specific statutory requirements for fifth pathway candidates are located on page 30 of this handbook.

4. Clinical Clerkships.

   Clinical clerkships (clinical rotations) are supervised educational experiences which are an integral part of the clinical component of a program of medical education and which take place in a general hospital or another acceptable health care facility. Clinical clerkships must be performed in accordance with the laws and regulations of the political jurisdiction in which they take place (see page 36 of this handbook).

III. POSTGRADUATE TRAINING REQUIREMENTS

(See page 37 of this handbook).

1. Graduates of Registered or Accredited Medical Programs.

   For licensure, graduates of registered or accredited medical programs shall complete at least one year of postgraduate hospital training in an accredited residency program approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

2. Graduates of Nonaccredited Medical Programs.

   Graduates of medical programs not registered by New York State or not accredited by LCME must have completed at least three years of postgraduate hospital training in an accredited residency program approved by the American Council on Graduate Medical Education or the American Osteopathic Association. (Graduates of nonaccredited programs who *applied for licensure* prior to July 1, 1981 should refer to page 37 of this handbook).

Note: Postgraduate training is *not* required for admission to the licensing examination in New York.

IV. EXAMINATION REQUIREMENTS

A. General Provisions.

1. Candidates must satisfy all preprofessional and professional educational requirements (and the proficiency examination, if applicable) prior to admission to the licensing examination. Evidence of satisfying the post-graduate training and residency requirements as well as evidence of citizenship or lawful admission to the United States for permanent residence are not required for admission to the licensing examination. Completed applications and all supporting documents for "first-time" admission to the FLEX examination must be postmarked no later than 90 calendar days before the desired examination. Admission applications filed by "repeating" candidates must be postmarked no later than 60 calendar days before the desired examination. *Applications received after the deadlines will be processed for the following examination.*

2. Admission cards are issued to eligible candidates approximately three weeks before the examination. Candidates are responsible for affixing their photograph to their admission card. Candidates will be admitted *only* to the assigned examination site and upon presentation of their admission card.

3. **Special Assistance Handicapping Conditions**

   ANY CANDIDATE NEEDING SPECIAL ASSISTANCE OR ACCOMMODATIONS TO TAKE A LICENSING EXAMINATION DUE TO A HANDICAPPING CONDITION OR RELIGIOUS OBSERVANCES SHOULD ATTACH A LETTER TO THE APPLICATION DESCRIBING THE SPECIAL CIRCUMSTANCES INVOLVED AND PROVIDE SUCH DOCUMENTATION AS THE DEPARTMENT SHALL REQUIRE FOR VALIDATION. TO MAKE THE NECESSARY ACCOMMODATIONS, SUCH REQUESTS SHOULD BE SUBMITTED AS FAR IN ADVANCE OF THE APPLICATION DEADLINE AS POSSIBLE, AND WITH SUBSEQUENT READMISSION APPLICATIONS, IF APPLICABLE.

4. Candidates admitted to Department-conducted examinations who subsequently fail to appear for such examinations twice

will forfeit the remaining fee credits for those examinations and will be required to pay full readmission fees to subsequent examinations.

B. **Acceptable Proficiency Examination Verifications.**

Graduates of nonaccredited medical programs who passed the ECFMG, VQE, or FMGEMS Examination and have received their standard certificates should submit a photocopy of that document to the Division of Professional Licensing Services. **Candidates in that situation must also write the Educational Commission on Foreign Medical Graduates and request that that organization verify the proficiency certification directly to the Division of Professional Licensing Services.** PLEASE NOTE: Verification of the proficiency examination must come directly from ECFMG. Requests for verification should be made in writing to the Educational Commission for Foreign Medical Graduates, 3624 Market Street, Philadelphia, PA 19104-2685.

C. **Acceptable Licensing Examinations.**

THERE ARE EIGHT ROUTES TO MEDICAL LICENSURE IN NEW YORK STATE, BUT ALL REQUIRE PRESENTATION OF ACCEPTABLE EXAMINATION RESULTS:

1. NATIONAL BOARD EXAMINATION. Candidates seeking licensure on this basis should request the National Board of Medical Examiners (NBME), 3930 Chestnut Street, Philadelphia, Pennsylvania 19104 to send a "Certification of Record" of their examination scores directly to the Department. There is an NBME fee for this service.
2. NATIONAL BOARD EXAMINATION FOR OSTEOPATHIC PHYSICIANS AND SURGEONS. Candidates seeking licensure on this basis should request the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., 2700 River Road, Suite 407, Des Plaines, Illinois 60018 to send a "Certification of Record" of their examination scores directly to the Department.
3. FEDERATION LICENSING EXAMINATION (FLEX) IN NEW YORK STATE. Following an evaluation of their professional credentials, candidates seeking admission to the FLEX examination in New York will receive written notification of their eligibility.

a. *Scheduled FLEX Examination Dates*

EXAMINATION DATES		N.Y.S. FILING DEADLINES	
		New	Repeat
December	05-07, 1989	09/07/89	10/09/89
June	12-14, 1990	03/15/90	04/16/90
December	04-06, 1990	09/06/90	10/08/90

Official results of FLEX examinations conducted in New York State are mailed to candidates as soon as they are processed by the Department. Unofficial FLEX results of a specific examination series may be released by the Department prior to the compilation of the official results, but the Department will not provide examination information by telephone or letter prior to the official release dates.

b. FLEX Examination Scoring

The format of the FLEX examination changed in 1985. The pre-1985 FLEX examination consisted of three parts and the passing score was a weighted average of 75.0 without rounding. The old FLEX was offered for the last time in December 1986. The current FLEX I & II examination, first administered in June 1985, has two components, each consisting of one and a half-day sessions. A passing grade of 75.0 (without rounding) is required for each component.

c. Retention of Credit

Candidates may retain, or carry forward, credit for either Part I or Part II passing score (75) on the FLEX examination for a period not to exceed five years from the examination date regardless of where the examination was taken. Candidates may *not* retain credit for any part not passed on the FLEX examination. After five years, such candidates must sit for and pass FLEX I and II. (See page 33 of this handbook).

d. FLEX Status Report

The Federation of State Medical Boards of the United States, Inc. has inaugurated a new certification service for li-

censure applicants. Detailed information and an application form are enclosed in the forms section of this handbook.

4. FEDERATION LICENSING EXAMINATION (FLEX) FROM OTHER STATES. Candidates who have taken FLEX outside New York State must write the Federation office in Texas and request they send to the Department an official score report showing all examinations taken (see address). Detailed information and an application form are enclosed in the forms section of this handbook.

   Federation of State Medical Boards, Inc.
   2630 West Freeway, Suite 138
   Fort Worth, Texas 76102

5. ENDORSEMENT OF STATE OSTEOPATHIC LICENSES ISSUED PRIOR TO 1972. Candidates may be considered for endorsement if they are licensed on the basis of scores which meet New York State standards on a *written* examination by a state in the following list (provided the license was issued after the dates indicated and the candidate did not subsequently fail a licensing examination used by New York); *can* document at least two years of satisfactory licensed professional experience (see page 38)

State of Licensure	Effective Date for Acceptability	
Alabama		1960
Colorado		1951
Connecticut	March	1955
Delaware		1909
Illinois	June	1957
Indiana		1909
Iowa		1963
Kentucky	Oct. 6,	1949
Massachusetts	May 10,	1945
Minnesota		1963
New Hampshire	January	1956
New Jersey		1912*
Ohio		1967
Texas		1922
Wisconsin		1909

* Except July 30, 1939 to Sept. 30, 1947

Osteopathic licenses issued by other states after January 1, 1972, will be accepted for licensure in New York State only if the candidate was licensed on the basis of either the National Osteopathic Boards or the FLEX examination.

6. ENDORSEMENT OF A CANADIAN PROVINCIAL LICENSE ISSUED ON THE BASIS OF PASSING THE LICENSING EXAMINATION OF THE MEDICAL COUNCIL OF CANADA (LMCC). Candidates who have a LMCC certificate acceptable to the Department and have a current general provincial license may be considered for endorsement if they have not failed the FLEX examination *and* have completed at least five years of satisfactory professional experience following licensure (see page 38). Candidates should request the Medical Council of Canada, Box 8234, 1867 Alta Vista Drive, Ottawa, K163HZ, Ontario, to send a certification of their licentiate certificate directly to the Department and request the provincial licensing authority to verify current licensure status and basis of licensure directly to the Department.

7. ENDORSEMENT OF A PRE-1972 STATE MEDICAL LICENSE. Candidates may be considered for endorsement if they were licensed on the basis of scores which meet New York State standards on a *written* examination in accordance with the information in the following table and have not subsequently failed a licensing examination used by New York. Endorsement candidates must also document at least two years of satisfactory licensed professional experience (see page 38).

8. ENDORSEMENT OF A FOREIGN MEDICAL LICENSE.

   Candidates holding a foreign medical license issued on the basis of an acceptable government examination may be considered for endorsement if they: (a) hold a medical license or registration certificate granted in a country in which licensure or registration is regulated by an organization designated as responsible for quality assurance of licensees and acceptable to the Board of Regents; (b) are eligible for admission to the medical licensing examination in New York; (c) have acceptable grades on a clinical competency examination satisfactory to the Department; (d) document at

Pre – January 1, 1972 State Licensing Examinations
which may be endorsed by
New York State

State of Licensure	Additional Requirements *Before* January 1, 1972	Effective Date for Acceptability	Additional Requirements for Acceptability *After* January 1, 1972
Alabama	None	1932	None
Alaska	Clinical Subjects	–	None
Arizona	Clinical Subjects	–	None
Arkansas	Clinical Subjects	–	Full N.Y.S. examination
California	None	1920	None
Colorado	None	1939	None
Connecticut	None	1955	None
Delaware	None	1909	Full N.Y.S. examination
District of Columbia	None	1905	Full N.Y.S. examination
Florida	Clinical Subjects	–	Full N.Y.S. examination
Georgia	Clinical Subjects	–	None
Hawaii	Clinical Subjects	–	None
Idaho	Clinical Subjects	–	None
Illinois	None	1957	None
Indiana	None	1909	None
Iowa	None	1928	None
Kansas	Clinical Subjects	–	Full N.Y.S. examination
Kentucky	None	1949	None
Louisiana	None	1926	None
Maine	None	Nov. 1961	None
Maryland	None	1928 Except 5/1/55-7/1/57	None
Massachusetts	None	1945	None
Michigan	None	1906	None
Minnesota	None	1929	None
Mississippi	Clinical Subjects	–	Full N.Y.S. examination
Missouri	Clinical Subjects	–	Full N.Y.S. examination
Montana	Clinical Subjects	–	None
Nebraska	None	1919	None
Nevada	Clinical Subjects	–	None
Hew Hampshire	None	1956	None
New Jersey	None	1912 Except 7/30/39-10/1/47	None
New Mexico	None	1959	None
North Carolina	None	1945	None
North Dakota	None	1933	None
Ohio	None	1967	None
Oklahoma	None	1957	Full N.Y.S. examination
Oregon	None	1919	None
Pennsylvania	None	1897	Full N.Y.S. examination
Rhode Island	Clinical Subjects	–	None
South Carolina	Clinical Subjects	–	None
South Dakota	Clinical Subjects	–	Full N.Y.S. examination
Tennessee	None	1945	Full N.Y.S. examination
Texas	None	1922	Full N.Y.S. examination
Utah	Clinical Subjects	–	None
Vermont	None	1929	None
Virginia	None	1914	None
Washington	None	1937	None
West Virginia	None	1916	None
Wisconsin	None	1909	Full N.Y.S. examination
Wyoming	Clinical Subjects	–	None
Puerto Rico	None	1924	Full N.Y.S. examination
Virgin Islands	Clinical Subjects	–	Full N.Y.S. examination

i. Prior to the listed effective dates, clinical subjects are required of all licensees.

ii. Out-of-state licenses obtained by examination after January 1, 1972, will be accepted for licensure in New York only if issued on the basis of the National Boards or the FLEX examination.

least three years of acceptable postgraduate training; and (e) document at least five years of satisfactory postlicensure professional experience or practice.

V. APPLICATION REQUIREMENTS (SEE HANDBOOK FORMS)

A. **Form 1 – Basic Application.** All candidates complete this form and submit it with the appropriate licensure fees (see page 10) directly to the Department. Be sure to indicate the basis of licensure sought as described on pages 6-8 and **if education was completed outside the United States,** submit photocopies of all educational documents (transcripts, diplomas, clerkship certificates, MSKP scores, letters from state boards for medicine authorizing clerkships, etc.).

B. **Form 1D – Candidate Data Record.** All candidates are asked to return this form with their application.

C. **Form 2 – Candidate Education & Training Form.** All candidates complete this form and submit it with their application.

D. **Form 2A – Certification of Professional Education: Registered or Accredited Programs.** Graduates of registered or accredited programs complete Section I and forward it to their medical school for completion of Section II and submission to the Department.

E. **Form 2N – Certification of Professional Education: Non-Registered or Accredited Programs.** Graduates of medical programs not registered by New York State nor accredited by the LCME must (1) attach to Forms 1 and 2 a photocopy of the following educational credentials: ECFMG certificate, transcripts and diploma; (2) request the institution where preprofessional education was completed to provide verification *directly* to the Department; (3) request ECFMG to provide verification *directly* to the Department, and (4) send the Form 2N to each medical school attended (copy form as necessary). Complete Section I of this form and forward it to the appropriate medical school for completion of Section II and submission to the Department. Please advise your medical schools that a record of your studies is to be attached to the Form 2N.

Documentation

Each document not printed in English must be accompanied by an original acceptable translation that includes all written and printed matter on the original and has been translated by a qualified translator. The Department will only accept translations performed by the candidate if they have been verified by a qualified translator. Each translation must be accompanied by an Affidavit of Accuracy, in which the translator who performed or verified the translation affirms having read the entire translation after it has been completed and that the entire document has been translated, nothing has been omitted or added, and the translation is true and correct.

The original translation will be returned to candidates only if photocopies of entire translations (including the Affidavit of Accuracy) are submitted.

In certain cases (e.g. refugees), diplomas and transcripts may be submitted directly to the Department by certified mail or in person by bringing the original documents *and an acceptable photocopy of each document* to either of the locations cited below between the hours of 10:00 a.m. and 12:00 noon or 2:00 p.m. and 4:00 p.m., Monday through Friday. (Evaluations are done only at the Albany office.)

Office of Professional Discipline
1 Park Avenue, 6th Floor
New York, New York 10016

Division of Professional Licensing Services
Room 3000
Cultural Education Center
Empire State Plaza
Albany, New York 12230

F. **Form 2CT – Certification of Clinical Training.** Graduates of medical schools located in one country who completed their clinical training in another country must complete Section I of this form. In such cases, the certification form must be sent to each hospital in which a clinical clerkship has been completed (the form may be photocopied if additional copies are needed). Section II of the form is completed by the Director of Medical Education of the hospital and returned directly to the Department.

G. **Form 2PGT – Certification of Approved Postgraduate Training.** All candidates complete Section I and forward the form for com-

pletion of Section II to the Director of Medical Education of each hospital in which approved United States or Canadian postgraduate training was performed. *Certifications of approved postgraduate training will be accepted only if they are signed no more than one month prior to the completion date of the training period for which credit is sought and submitted to the Department directly from the Director of Medical Education.*

H. **Form 3 – Certification of Medical Licensure in another Jurisdiction.** Candidates seeking licensure by endorsement complete Section I of the form and forward it to the appropriate licensing agency for completion of Section II and direct submission to the Department. Certification shall include the date of original licensure in the state in which the candidate was licensed by examination and bear the official seal and the signature of the appropriate official. If direct certification of licensure cannot be accomplished, the alternative documentation procedures described on page 9 may be considered.

I. **Form 4 – Verification of Professional Medical Practice in another Jurisdiction.** Candidates seeking licensure by endorsement submit this affidavit. Verification must be obtained from a physician licensed in the state in which the candidate is licensed. More than one affidavit may be necessary for comprehensive certification of the two years of professional practice required for endorsement of another state license or the 5 years of professional practice required for endorsement of a foreign license.

J. **Form 5 – Medical Limited Permit Application (see Section VI).** Candidates seeking an original or renewed medical limited permit complete Sections I & II and forward the form to the prospective employer for completion of Section II and submission to the Department. Limited permit candidates who also have applied for licensure need only submit Form 5. Limited permit candidates who have *not* filed for licensure must also complete the Candidate Education and Training Form (Form 2), Form 2A *or* 2N, Form 2CT and Form 2PGT. For further information, refer to Section VII.

Medical limited permits may be renewed if candidates demonstrate satisfactory progress on the licensing examination. The maximum time that may be granted for practice under a limited permit is 48 months.

Special Note:

Section 405.7 (d) of the State Hospital Code (Title 10, New York Code, Rules and Regulations) establishes additional training requirements for hospital practice by physicians with limited permits. See Section VII (page 11) or discuss with the hospital offering employment for further details.

Mail completed application materials to:

Att: Medical Processing Unit
Division of Professional Licensing Services
New York State Education Department
Cultural Education Center
Albany, NY 12230

VI. FEE REQUIREMENTS AND NEW LICENSES

A. **Statutory Medicine Fee Schedule:**

	Total
Licensure by exam (including first registration, impaired physician and malpractice surcharges)	$500
Licensure without examination (including first registration, impaired physician and malpractice surcharges)	375
Readmission to examination	175
Limited Permit	105
Certification of New York State examination results and licensure status to another state	20

Do not send cash. Please make check or money order payable to the New York State Education Department. Mail appropriate forms and fee to: Fee Section, Division of Professional Licensing Services, State Education Department, Cultural Education Center, Albany, New York 12230. **PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency. Payments submitted in any other form will not be accepted and will be returned.**

B. **Candidate Licensure Fee:**

The law provides that applicants for professional licenses not receiving such licenses may be granted partial refunds not exceeding 50 percent of the fee paid to the Department unless they have failed the examination for such licenses, in which case such applicants may not receive a refund. However, if a candidate obtains a refund and then decides to seek New York State licensure at a later date, he or she will be considered as a new candidate. New candidates, will be required to pay the *full* licensure and registration fees and meet the licensure requirements in place at the time of reapplication. Requests for refunds must be made in writing.

C. **The Initial Registration Period Following Licensure:**

1. Duration of Registration Periods.

   The established triennial registration periods for Physicians are as follows:

   January 1, 1989 – December 31, 1991
   January 1, 1992 – December 31, 1994
   January 1. 1995 – December 31, 1997

2. Prorated Refunds of Initial Registration Fees.

   Newly licensed professionals or licensees reactivating their registration with the Department one or more years after the beginning of the established triennial registration period will automatically be issued a partial refund of either one-third of the fee submitted (second year registration) or two-thirds of the fee submitted (third year registration). Refunds normally take 8-12 weeks following the date of licensure for processing and mailing.

NOTICE

REGARDING REGISTRATION FEES

Please note that Section 59.7 of Part 59 of the Regulations of the Commissioner of Education is no longer in effect. It has been superseded by the new Section 6502.3 of Title VIII of the Education Law which appears below. A newly licensed person registering within the last 4 months of the registration period is *no longer* reregistered for the next registration period without an additional fee.

§6502. Duration and registration of a license.

3. An application for registration and the required registration fee shall be submitted together with or as a part of the application for a license. A person initially licensed or a licensee resuming practice after a lapse of registration during the last two years of a triennial registration period shall receive a prorated refund of one-third of the total registration fee for each full year of the triennial period that has elapsed prior to the date of registration. The department shall renew the registration of each licensee upon receipt of a proper application, on a form prescribed by the department, and the registration fee. Any licensee who fails to register by the beginning of the appropriate registration period shall be required to pay an additional fee for late filing of ten dollars for each month that registration has been delayed while such licensee continued to practice his profession. The licensee resuming practice after a lapse of registration shall be permitted to practice without actual possession of the registration certificate for not more than four months after mailing to the department the required application fee.

IMPORTANT NOTICE

Chapter 544 of the Laws of 1988 has established new requirements for licensure and reregistration that are effective January 1, 1991. All professionals who are now mandated to report child abuse will be required to present evidence of completion of a two-hour course in the identification and treatment of child abuse. This course will become a licensure requirement and will be a one-time requirement for reregistration.

This new law does not affect your registration this time but will be in effect when you next reregister. This advance notice is being provided so that you will have ample opportunity to meet the new requirement before then. Courses are being developed by professional societies and educational institutions and will be approved by the New York State Education Department. You are encouraged to watch for local announcements of these programs later this year.

VII. LIMITED PERMITS

Limited permits authorize physicians to practice *only* in an approved hospital or other institution under the supervision of a New York State licensed physician. A limited permit is issued to qualified physicians who have a license application on file and have submitted the completed application (Form 5) and the $105 fee. Limited permits are granted for an initial period of two years and may be renewed at the discretion of the Department for

up to two additional years. In no case will a limited permit be extended beyond four years of practice. *Applicants for limited permit must meet the same educational requirements as those applying for licensure.* Candidates who have completed a 5th pathway program and do not hold a final medical degree must apply for and be admitted to the licensure examination before a limited permit may be issued.

Permittees must notify the Department promptly in writing of any changes in employment or practice status so that the necessary adjustmentscan be made in the limited permit authorization. A permit authorizing practice in one facility may not be used in another facility without prior approval by the Department.

Section 405.7 (d) of the State Hospital Code (Title 10, New York Code, Rules and Regulations) establishes the following additional requirements for practice by medical school graduates with limited permits:

Patient care services may be provided by a physician who possesses a limited permit to practice medicine issued by the New York State Education Department pursuant to section 6525 of the Education Law if such physician is under the supervision of a physician licensed and currently registered to practice medicine in the State of New York and if such physician is:

(1) a graduate of a medical school accredited by the Liaison Committee on Medical Education (U.S. and Canadian schools), and has satisfactorily completed one year of graduate medical education in a residency training program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or

(2) a graduate of a medical school not accredited by the Liaison Committee on Medical Education and has satisfactorily completed three years of graduate medical education in a residency training program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

Questions about Section 405.7(d) or other Health Department requirements may be directed to the Bureau of Hospital Services, Office of Health System Management, New York State Health Department, (518) 474-5013.

VIII. EXEMPTIONS

Physicians practicing in certain medical settings may be exempt from licensure or limited permit requirements. (See Section 6526 of the Education Law, page 28).

IX. Confirmation of newly Issued Licenses:

When eligible candidates are approved for licensure by the Department, a license number and an effective date of licensure are issued. Approved candidates will become legally licensed and entitled to practice in New York State as of that effective date. Written confirmation of licensure by the Department is verifiable by receipt of the registration certificate which is mailed within two to three weeks following the licensure date. Candidates who have reason to believe they have fully met the requirements for licensure are welcome to use the Division's licensure and registration verification services by telephoning the toll free number listed in the preface. The license number, once issued, and the effective date of licensure will be confirmed by telephone.

X. CONFERRAL OF THE DEGREE DOCTOR OF MEDICINE (M.D.)

The Board of Regents may confer the degree Doctor of Medicine to physicians who have completed a program in a foreign medical school which does not grant the degree Doctor of Medicine but in which the philosophy and curriculum were equivalent, as determined by the Department, to those programs leading to the degree of Doctor of Medicine at medical schools in the United States.

To be eligible, such physicians must be licensed in New York and have completed at least three years of satisfactory practice in this state, subsequent to licensure.

Contact the Department for application forms (see page iv of this handbook).

XI. CERTIFICATION TO PRACTICE ACUPUNCTURE UNDER A RESEARCH PROTOCOL

The New York State Education Department will grant a certificate to practice acupuncture to qualified physicians and dentists. (See Section 60.9 (2) of the Commissioner's Regulations, page 39). Contact the Department for application forms.

TITLE VIII OF THE EDUCATION LAW
ARTICLE 130
GENERAL PROVISIONS
SUBARTICLE 1. INTRODUCTORY SUMMARY

§6500. Introduction

This title provides for the regulation of the admission to and the practice of certain professions. This first article applies to all the professions included in this title, except that prehearing procedures and hearing procedures in connection with the regulation of professional conduct of the profession of medicine and physician's assistants and specialist's assistants shall be conducted pursuant to the provisions of Title II-A of article two of the public health law. Each of the remaining article applies to a particular profession.

§6501. Admission to a profession (licensing)

Admission to practice of a profession in this state is accomplished by a license being issued to a qualified applicant by the education department. To qualify for a license an applicant shall meet the requirements prescribed in the article for the particular profession.

§6502. Duration and registration of a license

1. A license shall be valid during the life of the holder unless revoked, annulled or suspended by the board of regents. A licensee must register with the department to practice in this state.

2. The department shall establish the beginning dates of the registration periods for each profession and mail an application for registration to every licensee currently registered at least four months prior to the beginning of the registration period for the respective profession.

3. An application for registration and the required registration fee shall be submitted together with or as a part of the application for a license. A person initially licensed or a licensee resuming practice after a lapse of registration during the last two years of a triennial registration period shall receive a prorated refund of one-third of the total registration fee for each full year of the triennial period that has elapsed prior to the date of registration. The department shall renew the registration of each licensee upon receipt of a proper application, on a form prescribed by the department, and the registration fee. Any licensee who fails to register by the beginning of the appropriate registration period shall be required to pay an additional fee for late filing of ten dollars for each month that registration has been delayed while such licensee continued to practice his profession. The licensee resuming practice after a lapse of registration shall be permitted to practice without actual possession of the registration certificate for not more than four months after mailing to the department the required application fee.

4. Any licensee who is not engaging in the practice of his profession in this state and does not desire to register shall so advise the department. Such licensee may subsequently register and resume practice without paying an additional fee for failure to register at the beginning of the registration period.

5. Licensees shall notify the department of any change of name or mailing address within thirty days of such change.

6. The fee for replacement of a lost registration certificate or license or for registration of an additional office shall be ten dollars.

7. An additional fee of twenty-five dollars shall be charged for the licensure or registration of any applicant who submits a bad check to the department.

§6503. Practice of a profession

Admission to the practice of a profession (1) entitles the licensee to practice the profession as defined in the article for the particular profession, (2) entitles the individual licensee to use the professional title as provided in the article for the particular profession, and (3) subjects the licensee to the procedures and penalties for professional misconduct as prescribed in this article (sections sixty-five hundred nine, sixty-five hundred ten, and sixty-five hundred eleven).

§6504. Regulation of the professions

Admission to the practice of the professions (licensing) and regulation of such practice shall be supervised by the board of regents (section sixty-five hundred six) and administered by the education department (section sixty-five hundred seven), assisted by a state board for each profession (section sixty-five hundred eight).

§6505. Construction

No definition of the practice of a profession shall be construed to restrain or restrict the performance of similar acts authorized in the definition of other professions.

§6505-a. Professional referrals

There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any association or society of professionals authorized to practice under this title, or any employee, agent, or member thereof, for referring any person to a member of the profession represented by such association or society provided that such referral was made without charge as a service to the public, and without malice, and in the reasonable belief that such referral was warranted, based upon the facts disclosed.

SUBARTICLE 2. STATE MANAGEMENT

§6506. Supervision by the board of regents

The board of regents shall supervise the admission to and the practice of the professions. In supervising, the board of regents may:

1. Promulgate rules;

2. Establish by rule, high school, preprofessional, professional and other educational qualifications required for licensing in the professions regulated by this title;

3. Charter schools offering educational programs for the professions regulated by this title, and no such school shall operate in this state without such a charter, except Columbia University, any school chartered by special act of the legislature prior to September one, nineteen hundred seventy-one, and schools specifically authorized to conduct such programs by the regents;

4. Appoint such committees as it deems necessary and compensate members of such committees who are not members of the board of regents or the department up to one hundred dollars per day for each day devoted to committee functions, together with their necessary expenses;

5. Waive education, experience and examination requirements for a professional license prescribed in the article relating to the profession, provided the board of regents shall be satisfied that the requirements of such article have been substantially met;

6. Indorse a license issued by a licensing board of another state or country upon the applicant fulfilling the following requirements:

a. Application: file an application with the department;

b. Education: meet educational requirements in accordance with the commissioner's regulations;

c. Experience: have experience satisfactory to the board and in accordance with the commissioner's regulations;

d. Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations;

e. Age: be at least twenty-one years of age;

f. Citizenship or immigration status: be a United States citizen or an alien lawfully admitted for permanent residence in the United States.

g. Character: be of good moral character as determined by the department; and

7. Direct the department to remedy any error, omission, delay or other circumstance in the issuance or registration of a license;

8. Designate a professional conduct officer, who shall be the chief administrative officer of the office of the professions, or his designee, in connection with professional licensing and misconduct proceedings and criminal matters, such officer to be empowered to issue subpoenas and administer oaths in connection with such proceedings;

9. Establish by rule, standards of conduct with respect to advertising, fee splitting, practicing under a name other than that of the individual licensee (when not specifically authorized), proper use of academic or professional degrees or titles tending to imply professional status, and such other ethical practices as such board shall deem necessary; and

10. Delegate to department officers the disposition of any licensing matters pursuant to rules.

§6507. Administration by the education department

1. The commissioner and the department shall administer the admission to and the practice of the professions.

2. In administering, the commissioner may:

a. Promulgate regulations;

b. Conduct investigations;

c. Issue subpoenas;

d. Grant immunity for prosecution in accordance with section 50.20 of the criminal procedure law to anyone subpoenaed in any investigation or hearing conducted pursuant to this title; and

e. Excuse, for cause acceptable to the commissioner, the failure to register with the department. Such excuse shall validate and authorize such practitioner's right to practice pending registration.

3. The department assisted by the board for each profession, shall:

a. (Eff. Jan. 1, 1989. Par. a in main vol. eff. until Jan. 1, 1989.) Establish standards for preprofessional and professional education, experience and licensing examinations as required to implement the article for each profession. Notwithstanding any other provision of law, the commissioner shall establish standards requiring that all persons applying, on or after January first, nineteen hundred ninety-one, initially, or for the renewal of, a license, registration or limited permit to be a physician, chiropractor, dentist, registered nurse, podiatrist, optometrist, psychiatrist, or pyschologist shall, in addition to all the other licensure, certification or permit requirements, have completed two hours of coursework or training regarding the identification and reporting of child abuse and maltreatment. The coursework or training shall be obtained from an institution or provider which has been approved by the department to provide such coursework or training. The coursework or training shall include information regarding the physcal and behavioral indicators of child abuse and maltreatment and the statutory reporting requirements set out in sections four hundred thirteen through four hundred twenty of the social services law, including but not limited to, when and how a report must be made, what other actions the reporter is mandated or authorized to take, the legal protections afforded reporters, and the consequences for failing to report. Each applicant shall provide the department with documentation showing that he or shé has completed the required training. The department shall provide an exemption from the child abuse and maltreatment training requirements to any applicant who requests such an exemption and who shows, to the department's satisfaction, that there would be no need because of the nature of his or her practice for him or her to complete such training;

b. Review qualifications in connecton with licensing requirements; and

c. Provide for licensing examinations and reexaminations.

4. The department shall:

a. Register or approve educational programs designed for the purpose of providing professional preparation which meet standards established by the department.

b. Issue licenses, registrations, and limited permits to qualified applicants;

c. (i) Issue a certificate of authority to a qualified professional service corporation being organized under section fifteen hundred three of the business corporation law on payment of a fee of ninety dollars, (ii) file a certified copy of each certificate of incorporation and amendment thereto within thirty days after the filing of such certificate or amendment on payment of a fee of twenty dollars, (iii) file the annual statement required on payment of a fee of thirty-five dollars (iv) as of July first, nineteen hundred eighty-eight, file a triennial statement required on payment of a fee of one hundred five dollars. The first triennial period shall commence on July first, nineteen hundred eighty-eight.

d. Revoke limited permits on the recommendation of the committee on professional conduct for the profession concerned;

e. Maintain public records of licenses issued and retain in its files identifying data concerning each person to whom a license has been issued;

f. Collect the fees prescribed by this title or otherwise provided by law;

g. Prepare an annual report for the legislature, the governor and other executive offices, the state boards for the professions, professional societies, consumer agencies and other interested persons. Such report shall include but not be limited to a description and analysis of the administrative procedures and operations of the department based upon a statistical summary relating to (i) new licensure, (ii) discipline, (iii) complaint, investigation, and hearing backlog, (iv) budget, and (v) the state boards for the professions. Information provided shall be enumerated by profession; and

h. Establish an administrative unit which shall be responsible for the investigation, prosecution and determination of alleged violations of professional conduct.

5. The commissioner and the department shall perform any other functions necessary to implement this title.

§6508. Assistance by state boards for the professions

1. A board for each profession shall be appointed by the board of regents on the recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licens-

ing, practice, and conduct. The composition of each board shall be as prescribed in the article relating to each profession. Within each board a committee on licensing may be appointed by the board chairman.

Except as provided in paragraph (a) of this subdivision, the membership of each professional licensing board shall be increased by one member, and each such board shall have at least one public representative who shall be selected by the board of regents from the general public.

a. The membership of the professional licensing boards created under sections sixty-five hundred twenty-three, sixty-eight hundred four, sixty-nine hundred three, and seventy-four hundred three of this chapter shall be increased by two members, and each such board shall have at least two public representatives, who shall be selected by the board of regents from the general public.

b. For the purposes of this title, a "public representative" shall be a person who is a consumer of services provided by those licensed or otherwise supervised or regulated by the boards created hereunder, and shall not be, nor within five years immediately preceding appointment have been:

(i) a licensee or person otherwise subject to the supervision or regulation of the board to which appointed; or

(ii) a person maintaining a contractual relationship with a licensee of such board, which would constitute more than two percentum of the practice or business of any such licensee, or an officer, director, or representative of such person or group of persons.

2. Each board, or its committee on licensing, shall select or prepare examinations, may conduct oral and practical examinations and reexaminations, shall fix passing grades, and assist the department in other licensing matters as prescribed by the board of regents.

3. Each board shall conduct disciplinary proceedings as prescribed in this article and shall assist in other professional conduct matters as prescribed by the board of regents.

4. Members of each board shall be appointed by the board of regents for five-year terms except that the terms of those first appointed shall be arranged so that as nearly as possible an equal number shall terminate annually. A vacancy occurring during a term shall be filled by an appointment by the board of regents for the unexpired term. Each state professional association or society may nominate one or more candidates for each appointment to be made to the board for its profession, but the board of regents shall not be required to appoint candidates so nominated. Former members of a board may be re-appointed by the board of regents, on the recommendation of the commissioner, to serve as members of the board solely for the purposes of disciplinary proceedings, proceedings relating to the moral character of an applicant for licensure, and proceedings relating to applications for the restoration of a professional license. Former board members so appointed may not comprise a majority of any panel.

5. Each member of a board shall receive a certificate of appointment, shall before beginning his term of office file a constitutional oath of office with the secretary of state, shall receive up to one hundred dollars as prescribed by the board of regents for each day devoted to board work, and shall be reimbursed for his necessary expenses. Any member may be removed from a board by the board of regents for misconduct, incapacity or neglect of duty.

6. Each board shall elect from its members a chairman and vice-chairman annually, shall meet upon call of the chairmen or the department, and may adopt bylaws consistent with this title and approved by the board of regents. A quorum for the transaction of business by the board shall be a majority of members but not less than five members.

7. An executive secretary to each board shall be appointed by the board of regents on recommendation of the commissioner. Such executive secretary shall not be a member of the board, shall hold office at the pleasure of, and shall have the powers, duties and annual salary prescribed by the board of regents.

SUBARTICLE 3. PROFESSIONAL MISCONDUCT

§6509. Definitions of professional misconduct

Each of the following is professional misconduct, and any licensee found guilty of such misconduct under the procedures prescribed in section sixty-five hundred ten shall be subject to the penalties prescribed in section sixty-five hundred eleven:

1. Obtaining the license fraudulently,

2. Practicing the profession fraudulently, beyond its authorized scope, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion,

3. Practicing the profession while the ability to practice is impaired by alcohol, drugs, physical disability, or mental disability,

4. Being habitually drunk or being dependent on, or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects,

5. a. Being convicted of committing an act constituting a crime under:

   (i) New York State law or,
   (ii) Federal law or,
   (iii) The law of another jurisdiction and which, if committed within this state, would have constituted a crime under New York State law;

   b. Having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state;

   c. Having been found by the commissioner of health to be in violation of article thirty-three of the public health law.

   d. Having his license to practice medicine revoked, suspended or having other disciplinary action taken, or having his application for a license refused, revoked or suspended or having voluntarily or otherwise surrendered his license after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation, suspension or other disciplinary action involving the license or refusal, revocation or suspension of an application for a license or the surrender of the license would, if committed in New York state, constitute professional misconduct under the laws of New York state.

6. Refusing to provide professional service to a person because of such person's race, creed, color, or national origin,

7. Permitting, aiding or abetting an unlicensed person to perform activities requiring a license,

8. Practicing the profession while the license is suspended, or wilfully failing to register or notify the department of any change of name or mailing address, or if a professional service corporation wilfully failing to comply with sections fifteen hundred three and fifteen hundred fourteen of the business corporation law,

9. Committing unprofessional conduct, as defined by the board of regents in its rules or by the commissioner in regulations approved by the board of regents,

10. A willful violation by a licensed physician of subdivision eleven of section two hundred thirty of the public health law, or

11. A violation of section twenty-eight hundred three-d or twenty-eight hundred five-k of the public health law.

12. Failure to comply with an order issued pursuant to subdivision seven or seventeen of section two hundred thirty of the public health law.

§6509–a. Additional definition of professional misconduct; limited application

Notwithstanding any inconsistent provision of this article or of any other provision of law to the contrary, the license or registration of a person subject to the provisions of articles one hundred thirty-one, one hundred thirty-one-a, one hundred thirty-two, one hundred thirty-three, one hundred thirty-seven, one hundred thirty-nine, one hundred forty-one, one hundred forty-three, one hundred forty-four, one hundred fifty-six and one hundred fifty-nine of this chapter may be revoked, suspended or annul-

led or such person may be subject to any other penalty provided in section sixty-five hundred eleven of this article in accordance with the provisions and procedure of this article for the following:

That any person subject to the above enumerated articles, has directly or indirectly requested, received or participated in the division, transference, assignment, rebate, splitting or refunding of a fee for, or has directly requested, received or profited by means of a credit or other valuable consideration as a commission, discount or gratuity in connection with the furnishing of professional care, or service, including x-ray examination and treatment, or for or in connection with the sale, rental, supplying or furnishing of clinical laboratory services or supplies, inhalation therapy service or equipment, ambulance service, hospital or medical supplies, physiotherapy or other therapeutic service or equipment, artificial limbs, teeth or eyes, orthopedic or surgical appliances or supplies, optical appliances, supplies or equipment, devices for aid of hearing, drugs, medication or medical supplies or any other goods, services or supplies prescribed for medical diagnosis, care or treatment, under this chapter, except payment, not to exceed thirty-three and one-third per centum of any fee received for x-ray examination, diagnosis or treatment, to any hospital furnishing facilities for such examination, diagnosis or treatment. Nothing contained in this section shall prohibit such persons from practicing as partners, in groups or as a professional corporation nor from pooling fees and moneys received, either by the partnerships, professional corporations or groups by the individual members, thereof, for professional services furnished by any individual professional member, or employee of such partnership, corporation or group, nor shall the professionals constituting the partnerships, corporation or groups be prohibited from sharing, dividing or apportioning the fees and moneys received by them or by the partnership, corporation or group in accordance with a partnership or other agreement; provided that no such practice as partners, corporations or in groups or pooling of fees or moneys received or shared, division or apportionment of fees shall be permitted with respect to care and treatment under the workmen's compensation law except as expressly authorized by the workmen's compensation law. Nothing contained in this chapter shall prohibit a medical or dental expense indemnity corporation pursuant to its contract with the subscriber from prorationing a medical or dental expense indemnity allowance among two or more professionals in proportion to the services rendered by each such professional at the request of the subscriber, provided that prior to payment thereof such professionals shall submit both to the medical or dental expense indemnity corporation and to the subscriber statements itemizing the services rendered by each such professional and the charges therefor.

§6510. Proceedings in cases of professional misconduct

In cases of professional misconduct the proceedings shall be as follows:

1. Preliminary procedures.

   a. Complaint. A complaint of a licensee's professional misconduct may be made by any person to the education department.

   b. Investigation. The department shall investigate each complaint which alleges conduct constituting professional misconduct. The results of the investigation shall be referred to the professional conduct officer designated by the board of regents pursuant to section sixty-five hundred six of this article. If such officer decides that there is not substantial evidence of professional misconduct or that further proceedings are not warranted, no further action shall be taken. If such officer, after consultation with a professional member of the applicable state board for the profession, determines that there is substantial evidence of professional misconduct, and that further proceedings are warranted, such proceedings shall be conducted pursuant to this section. If the complaint involves a question of professional expertise, then such officer may seek, and if so shall obtain, the concurrence of at least two members of a panel of three members of the applicable board.

   c. Charges. In all disciplinary proceedings other than those terminated by an administrative warning pursuant to paragraph a of subdivision two of this section, the department shall prepare the charges. The charges shall state the alleged professional misconduct and shall state concisely the material facts but not the evidence by which the charges are to be proved.

   d. Service of charges and of notice of hearing. A copy of the charges and notice of any hearing pursuant to subdivision two or three of this section shall be served on the licensee personally by the department at least fifteen days before the hearing. If personal service cannot be made after due diligence and such fact is certified under oath, a copy of the charges and the notice of hearing shall be served by certified mail, return receipt requested to the licensee's last known address by the department at least twenty days before the hearing.

2. Expedited procedures.

a. Violations. Violations involving professional misconduct of a minor or technical nature may be resolved by expedited procedures as provided in paragraph b or c of this subdivision. For purposes of this subdivision, violations of a minor or technical nature shall include, but shall not be limited to, isolated instances of violations concerning professional advertising or record keeping, and other isolated violations which do not directly affect or impair the public health, welfare or safety. The board of regents shall make recommendations to the legislature on or before June first, nineteen hundred eighty-one, for the further definition of violations of a minor or technical nature. The initial instance of any violation of a minor or technical nature may be resolved by the issuance of an administrative warning pursuant to paragraph b of this subdivision. Subsequent instances of similar violations of a minor or technical nature within a period of three years may be resolved by the procedure set forth in paragraph c of this subdivision.

b. Administrative warning. If a professional conduct officer, after consultation with a professional member of the state board, determines that there is substantial evidence of professional misconduct but that it is an initial violation of a minor or technical nature which would not justify the imposition of a more severe disciplinary penalty, the matter may be terminated by the issuance of an administrative warning. Such warnings shall be confidential and shall not constitute an adjudication of guilt or be used as evidence that the licensee is guilty of the alleged misconduct. However, in the event of a further allegation of similar misconduct by the same licensee, the matter may be reopened and further proceedings instituted as provided in this section.

c. Determination of penalty on uncontested minor violations. If a professional conduct officer, after consultation with a professional member of the state board, determines that there is substantial evidence of a violation of a minor or technical nature, and of a nature justifying a penalty as specified in this paragraph, the department may prepare and serve charges either by personal service or by certified mail, return receipt requested. Such charges shall include a statement that unless an answer is received within twenty days denying the charges, the matter shall be referred to a violations committee consisting of five members of the state board for the profession, at least one of whom shall be a public representative for determination. The violations panel shall be appointed by the executive secretary of the state board. The licensee shall be given at least fifteen days notice of the time and place of the meeting of the violations committee and shall have the right to appear in person and by an attorney and to make a statement to the committee in mitigation or explanation of the misconduct. The department may appear and make a statement in support of its position. The violations committee may issue a censure and reprimand, and in addition, or in the alternative, may impose a fine not to exceed five hundred dollars for each specification of minor, or technical misconduct. If the fine is not paid within three months the matter may be reopened and shall be subject to the hearing and regents decision procedures of this section. The determination of the panel shall be final and shall not be subject to the regents decision procedures of this section. If an answer is filed denying the charges, the matter shall be processed as provided in subdivision three of this section.

d. Convictions of crimes or administrative violations. In cases of professional misconduct based solely upon a violation of subdivision five of section sixty-five hundred nine of this article, the professional conduct officer may prepare and serve the charges and may refer the matter directly to a regents review committee for its review and report of its findings, determination as to guilt, and recommendation as to the measure of discipline to be imposed. In such cases the notice of hearing shall state that the licensee may file a written answer, brief, and affidavits that the licensee may appear personally before the regents review committee, may be represented by counsel, and may present evidence or sworn testimony on behalf of the licensee, and the notice may contain such other information as may be considered appropriate by the department. The department may also present evidence or sworn testimony at the hearing. A stenographic record of the hearing shall be made. Such evidence or sworn testimony offered at the meeting of the regents review committee shall be limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. The presiding officer at the meeting of the regents review committee may, in his or her discretion, reasonably limit the numbers of witnesses whose testimony will be received and the length of time any witness will be permitted to testify. In lieu of referring the

matter to the board of regents, the regents review committee may refer any such matter for further proceedings pursuant to paragraph b or c of this subdivision or subdivision three of this section.

3. Adversary proceedings. Contested disciplinary proceedings and other disciplinary proceedings not resolved pursuant to subdivision two of this section shall be tried before a hearing panel of the appropriate state board as provided in this subdivision.

a. Notice of hearing. The department shall set the time and place of the hearing and shall prepare the notice of hearing. The notice of hearing shall state (1) the time and place of the hearing, (2) that the licensee may file a written answer to the charges prior to the hearing, (3) that the licensee may appear personally at the hearing and may be represented by counsel, (4) that the licensee shall have the right to produce witnesses and evidence in his behalf, to cross-examine witnesses and examine evidence produced against him, and to issue subpoenas in accordance with the provisions of the civil practice law and rules, (5) that a stenographic record of the hearing will be made, and (6) such other information as may be considered appropriate by the department.

b. Hearing panel. The hearing shall be conducted by a panel of five or more members, at least four of whom shall be members of the applicable state board for the profession, and at least one of whom shall be a public representative who is a member of the applicable state board or of the state board for another profession licensed pursuant to this title. The executive secretary for the applicable state board shall appoint the panel and shall designate its chairperson. In addition to said panel members, the department shall designate an administrative officer, admitted to practice as an attorney in the state of New York, who shall have the authority to rule on all motions, procedures and other legal objections and shall draft a report for the hearing panel which shall be subject to the approval of and signature by the panel chairperson on behalf of the panel. The adminstrative ofi-cer shall not be entitled to a vote.

c. Conduct of hearing. The evidence in support of the charges shall be presented by an attorney for the department. The licensee shall have the rights required to be stated in the notice of hearing. The panel shall not be bound by the rules of evidence, but its determination of guilt shall be based on a preponderance of the evidence. A hearing which has been initiated shall not be discontinued because of the death or incapacity to serve of one member of the hearing panel.

d. Results of hearing. The hearing panel shall render a written report which shall include (1) findings of fact, (2) a determination of guilty or not guilty on each charge, and (3) in the event of a determination of guilty, a recommendation of the penalty to be imposed. For the panel to make a determination of guilty, a minimum of four of the voting members of the panel must vote for such a determination. A copy of the report of the hearing panel shall be transmitted to the licensee.

4. Regents decision procedures.

a. Regents review committee. The transcript and report of the hearing panel or the transcript and report of the hearing officer made pursuant to subdivision nineteen of section two hundred thirty of the public health law, shall be reviewed at a meeting by a regents review committee appointed by the board of regents. The regents review committee shall consist of three members, at least one of whom shall be a regent.

b. Regents review committee meetings. The review shall be based on the transcript and the report of the hearing panel or of the hearing officer made pursuant to subdivision nineteen of section two hundred thirty of the public health law. The licensee may appear at the meeting, and the regents review committee may require the licensee to appear. The licensee may be represented by counsel. The department shall notify the licensee at least seven days before the meeting (1) of the time and place of the meeting, (2) of his right to appear, (3) of his right to be represented by counsel, (4) whether or not he is required to appear, and (5) of such other information as may be considered appropriate. After the meeting, the regents review committee shall transmit a written report of its review to the board of regents. In cases referred directly to the regents review committee pursuant to paragraph d of subdivision two of this section, the review shall be based upon the charges, the documentary evidence submitted by the department, any answer, affidavits or brief the licensee may wish to submit, and any evidence or sworn testimony presented by the licensee or the department at the hearing, pursuant to the procedures described by paragraph d of subdivision two of this section.

c. Regents decision and order. The board of regents (1) shall consider the transcript, the report of the

hearing panel, and the report of the regents review committee, (2) shall decide whether the licensee is guilty or not guilty on each charge, (3) shall decide what penalties, if any, to impose as prescribed in section sixty-five hundred eleven of this article, and (4) shall issue an order to carry out its decisions. Such decisions shall require the affirmative vote of a majority of the members of the board of regents. If the board of regents disagrees with the hearing panel's determination of not guilty, it shall remand the matter to the original panel for reconsider ation or to a new panel for a new hearing. The panel's determination of not guilty on reconsideration or a new hearing shall be final. The order shall be served upon the licensee personally or by certified mail to the licensee's last known address and such service shall be effective as of the date of the personal service or five days after mailing by certified mail. The licensee shall deliver to the department the license and registration certificate which has been revoked, annulled, suspended, or surrendered within five days after the effective date of the service of the order. If the license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, the licensee shall submit an affidavit to that effect, and shall deliver such license or certificate to the department when located.

5. Court review procedures. The decisions of the board of regents may be reviewed pursuant to the proceedings under article seventy-eight of the civil practice law and rules. Such proceedings shall be returnable before the appellate division of the third judicial department, and such decisions shall not be stayed or enjoined expect upon application to such appellate division after notice to the department and to the attorney general and upon a showing that the petitioner has a substantial likelihood of success.

6. The provisions of subdivisions one through four of this section shall not be applicable to proceedings in cases of professional misconduct involving the medical profession, except as provided in paragraph m of subdivision ten of section two hundred thirty of the public health law.

7. Notwithstanding any other provisions of the law, persons who assist the depart ment as consultants or expert witnesses in the investigation or prosecution of alleged professional misconduct, licensure matters, restoration proceedings, or criminal prosecutions for unauthorized practice, shall not be liable for damages in any civil action or proceeding as a result of such assistance, except upon proof of actual malice. The attorney general shall defend such persons in any such action or proceeding, in accordance with section seventeen of the public officers law.

8. The files of the department relating to the investigation of possible instances of professional misconduct, or the unlawful practice of any profession licensed by the board of regents, or the unlawful use of a professional title or the moral fitness of an applicant for a professional license or permit, shall be confidential and not subject to disclosure at the request of any person, except upon the order of a court in a pending action or proceeding. The provisions of this subdivision shall not apply to documents introduced in evidence at a hearing held pursuant to this chapter and shall not prevent the department from sharing information concerning investigations with other duly authorized public agencies responsible for professional regulation or criminal prosecution.

§6510–a. Proceedings in cases of professional misconduct involving the medical profession

1. Prehearing procedures, hearing procedures and summary action procedures. Prehearing procedures, hearing procedures and summary action procedures in cases of professional misconduct involving the medical profession shall be conducted pursuant to the provisions of Title II-A of article two of the public health law.

2. Regents decision and order. Within sixty days of the transfer of a case of professional misconduct involving the medical profession by the commissioner of health pursuant to section two hundred thirty of the public health law, the board of regents (a) shall consider the transcript, exhibits and other evidence, if any, the findings, conclusions and recommendation of the committee on professional misconduct and the recommendation of the commissioner of health, (b) shall decide whether the licensee is guilty or not guilty on each charge, (c) shall decide what penalties, if any, to impose as prescribed in section sixty-five hundred eleven of this article, and (d) shall issue an order to carry out its decisions. Such decisions shall require the affirmative vote of a majority of the members of the board.

3. Time limitations.

a. No failure to comply with a provision of this section requiring that a specified action shall be taken within a specified period of time shall affect the validity of the action taken.

b. The time limitations specified in this section for the completion of specified actions may be extended, upon application of a licensee or his attor-

ney, for good cause shown, upon application made prior to the expiration of such time limitations.

4. Court review procedures. The decisions of the board of regents may be reviewed pursuant to the proceedings under article seventy-eight of the civil practice law and rules. Such proceedings shall be returnable before the appellate division of the third judicial department, and such decisions shall not be stayed or enjoined except upon application to such appellate division after notice to the attorney general.

§6510-b. Temporary surrender of licenses during treatment for drug or alcohol abuse

1. The license and registration of a licensee who may be temporarily incapacitated for the active practice of a profession licensed pursuant to title eight of this chapter, except professionals licensed pursuant to article one hundred thirty-one or article one hundred thirty-one-b thereof, and whose alleged incapacity is the result of a problem of drug or alcohol abuse which has not resulted in harm to a patient or client, may be voluntarily surrendered to the department, which may accept and hold such license during the period of such alleged incapacity or the department may accept the surrender of such license after agreement to conditions to be met prior to the restoration of the license. The department shall give written notification of such surrender to the licensing authorities of any other state or country in which the licensee is authorized to practice. In addition to the foregoing, the department shall also give written notification of such surrender, for professionals licensed pursuant to articles one hundred thirty-two, one hundred thirty-three, one hundred thirty-five, one hundred thirty-seven, one hundred thirty-nine and one hundred forty-one of this chapter to the commissioner of health or his designee, and where appropriate to each hospital at which the professional has privileges, is affiliated, or is employed. The licensee whose license is so surrendered shall notify all persons who request professional services that he or she has temporarily withdrawn from the practice of the profession. The department may provide for similar notification of patients or clients and of other interested parties, as appropriate under the circumstances of the professional practice and responsibilities of the licensee. The licensure status of such licensee shall be "inactive" and he or she shall not be authorized to practice the profession and shall refrain from practice in this state or in any other state or country. The voluntary surrender shall not be deemed to be an admission of disability or of professional misconduct, and shall not be used as evidence of a violation of subdivision three or four of section sixty-five hundred nine of this chapter, unless the licensee practices while the license is "inactive"; and any such practice shall constitute a violation of subdivision eight of said section. The surrender of a license under this subdivision shall not bar any disciplinary action except action based solely upon the provisions of subdivision three or four of section sixty-five hundred nine of this chapter, and only if no harm to a patient has resulted; and shall not bar any civil or criminal action or proceeding which might be brought without regard to such surrender. A surrendered license shall be restored upon a showing to the satisfaction of the department that the licensee is not incapacitated for the active practice of the profession, provided that the department may, by order of the commissioner, impose reasonable conditions on the licensee, if it determines that because of the nature and extent of the licensee's former incapacity, such conditions are necessary to protect the health, safety and welfare of the public. Prompt written notification of such restoration shall be given to all licensing bodies which were notified of the temporary surrender of the license.

2. There shall be appointed within the department, by the board of regents, a committee on drug and alcohol abuse, which shall advise the board of regents on matters relating to practice by professional licensees with drug or alcohol abuse problems, and which shall administer the provisions of this section. The board of regents shall determine the size, composition, and terms of office of such committee, a majority of the members of which shall be persons with expertise in problems of drug or alcohol abuse. The committee shall recommend to the board of regents such rules as are necessary to carry out the purposes of this section, including but not limited to procedures for the submission of applications for the surrender of a license and for the referral of cases for investigation or prosecution pursuant to section sixty-five hundred ten of this chapter if a licensee fails to comply with the conditions of an approved program of treatment. There shall be an executive secretary appointed by the board of regents to assist the committee. Determinations by the committee relating to licensees shall be made by panels of at least three members of the committee designated by the executive secretary, who shall also designate a member of the state board for the licensee's profession as an ex-officio nonvoting member of each panel.

3. Application for the surrender of a license pursuant to this section shall be submitted to the committee, and shall identify a proposed treatment or rehabilitation program, and shall include a consent to the release of all information concerning the licensee's treatment to

the committee. All information concerning an application, other than the fact of the surrender of the license and the participation in the program and the successful completion or failure of or withdrawal from the program, shall be strictly confidential, and may not be released by the committee to any person or body without the consent of the licensee. The immunity from disciplinary action conferred by this section shall be conditioned upon the approval of the treatment or rehabilitation program by the committee and its successful completion by the applicant and the elimination of the incapacity to practice. Approval of a treatment or rehabilitation program by the committee shall not constitute a representation as to the probability of success of the program or any assumption of financial responsibility for its costs.

4. The immunity from disciplinary action conferred by this section may be revoked by the committee upon a finding that the licensee has failed to successfully complete the program or that the incapacity to practice has not been eliminated. Such revocation shall be made only after notice and an opportunity to be heard, but no adjudicatory hearing shall be required. The matter shall be referred for appropriate proceedings pursuant to section sixty-five hundred ten of this chapter. The license must be returned unless charges are served pursuant to section sixty-five hundred ten within thirty days after the revocation of the approval of the special treatment afforded by this section.

5. The commissioner is authorized to adopt regulations to carry out the purposes of this section, including but not limited to the notice of temporary inactive status to be required in different professions and practice situations and the measures required upon temporary withdrawal from practice.

6. No individual who serves as a member of a committee whose purpose is to confront and refer either to treatment or to the department licensees who are thought to be suffering from alcoholism or drug abuse shall be liable for damages to any person for any action taken by such individual provided such action was taken without malice and within the scope of such individual's function as a member of such committee, and provided further that such committee has been established by and functions under the auspices of an association or society of professionals authorized to practice under this title.

§6511. Penalties for professional misconduct

The penalties which may be imposed by the board of regents on a present or former licensee found guilty of professional misconduct (under the definitions and proceedings prescribed in sections sixty-five hundred nine, sixty-five hundred ten and sixty-five hundred ten-a of this article) are: (1) censure and reprimand, (2) suspension of license, (a) wholly, for a fixed period of time; (b) partially, until the licensee successfully completes a course of retraining in the area to which the suspension applies; (c) wholly, until the licensee successfully completes a course of therapy or treatment prescribed by the regents; (3) revocation of license, (4) annulment of license or registration, (5) limitation on registration or issuance of any further license, (6) a fine not to exceed ten thousand dollars, upon each specification of charges of which the respondent is determined to be guilty, (7) a requirement that a licensee pursue a course of education or training, and (8) a requirement that a licensee perform up to one hundred hours of public service, in a manner and at a time and place as directed by the board. The board of regents may stay such penalties in whole or in part, may place the licensee on probation and may restore a license which has been revoked. Any fine imposed pursuant to this section or pursuant to subdivision two of section sixty-five hundred ten of this article may be sued for and recovered in the name of the people of the state of New York in an action brought by the attorney general. In such action the findings and determination of the board of regents or of the violations committee shall be admissible evidence and shall be conclusive proof of the violation and the penalty assessed.

§6511-a. Probation for professional misconduct involving physicians, physician's assistants and specialists' assistants.

The order of the board of regents imposing probation in professional misconduct cases involving physicians, physician's assistants and specialists' assistants may include (a) a review of the professional performance of the licensee by randomly selecting office records, patient records and hospital charts, (b) quarterly visits by the licensee to a member of the state board for professional medical conduct or an employee of the office of professional medical conduct, (c) appointing another physician to monitor the licensee's practice, (d) auditing of the licensee's billings for services rendered during probation, (e) requiring the licensee to submit on a random basis to tests for the presence of alcohol or drugs, (f) requiring the licensee to obtain additional training prior to completion of the probation, (g) requiring the licensee to work in a supervised setting, and (h) such additional requirements as may be specified by the board of regents pursuant to regulation. The decision and order of the board of regents placing a licensee on probation shall set forth the specific terms and conditions of the probation. The commissioner of

health is authorized to monitor physicians, physician's assistants and specialists' assistants who have been placed on probation pursuant to an order of the board of regents. If the board of regents determines a licensee has violated any term or condition of probation, they may impose any additional penalty authorized pursuant to section sixty-five hundred eleven of this article.

SUBARTICLE 4. UNAUTHORIZED ACTS

§6512. Unauthorized practice a crime

1. Anyone not authorized to practice under this title who practices or offers to practice or holds himself out as being able to practice in any profession in which a license is a prerequisite to the practice of the acts, or who practices any profession as an exempt person during the time when his professional license is suspended, revoked or annulled, or who aids or abets an unlicensed person to practice a profession, or who fraudulently sells, files, furnishes, obtains, or who attempts fraudulently to sell, file, furnish or obtain any diploma, license, record or permit purporting to authorize the practice of a profession, shall be guilty of a class E felony.

2. Anyone who knowingly aids or abets three or more unlicensed persons to practice a profession or employs or holds such unlicensed persons out as being able to practice in any profession in which a license is a prerequisite to the practice of the acts, or who knowingly aids or abets three or more persons to practice any profession as exempt persons during the time when the professional licenses of such persons are suspended, revoked or annulled, shall be guilty of a class E felony.

§6513. Unauthorized use of a professional title a crime

1. Anyone not authorized to use a professional title regulated by this title, and who uses such professional title, shall be guilty of a class A misdemeanor.

2. Anyone who knowingly aids or abets three or more persons not authorized to use a professional title regulated by this title, to use such professional title, or knowingly employs three or more persons not authorized to use a professional title regulated by this title, who use such professional title in the course of such employment, shall be guilty of a class E felony.

§6514. Criminal proceedings

1. All alleged violations of sections sixty-five hundred twelve or sixty-five hundred thirteen of this article shall be reported to the department which shall cause an investigation to be instituted. If the investigation substantiates that violations exist, such violations shall be reported to the attorney general with a request for prosecution.

2. The attorney general shall prosecute such alleged offenses in the name of the state, provided, however, in the event of alleged violations of article one hundred fifty-five of this title occurring in cities with a population of one million or more, a district attorney may prosecute such alleged offenses in the name of the state provided, however, that any district attorney may prosecute such offenses where they are incidental to a criminal prosecution instituted by him under other statutes.

3. All criminal courts having jurisdiction over misdemeanors are hereby empowered to hear, try and determine alleged violations under this title, which constitute misdemeanors, without indictment and to impose applicable punishment of fines or imprisonments or both. It shall be necessary to prove in any prosecution under this title only a single prohibited act or a single holding out without proving a general course of conduct.

4. A proceeding before a committee on professional conduct shall not be deemed to be a criminal proceeding within the meaning of this section.

§6515. Restraint of unlawful acts

Where a violation of this title is alleged to have occurred, the attorney general or, in the event of alleged violations of article one hundred fifty-five of this title occurring in cities having a population of one million or more, the corporation counsel may apply to the supreme court within the judicial district in which such violation is alleged to have occurred for an order enjoining or restraining commission or continuance of the unlawful acts complained of. The court shall have jurisdiction of the proceedings and shall have power to grant such temporary relief or restraining order as it deems just and proper. In any such proceeding it shall be necessary to allege or prove that an adequate remedy at law does not exist or that irreparable damage would result if such order were not granted. The remedy provided in this section shall be in addition to any other remedy provided by law or to the proceedings commended against a licensee under this title.

ARTICLE 131
MEDICINE

Section 6520. Introduction.
6521. Definition of practice of medicine.
6522. Practice of medicine and use of title "physician".
6523. State board for medicine.
6524. Requirements for a professional license.
6525. Limited permits.
6526. Exempt persons.
6527. Special provisions.
6528. Qualification of certain applicants for licensure.
6529. Power of board of regents regarding certain physicians.

§6520. Introduction. This article applies to the profession of medicine. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§6521. Definition of practice of medicine. The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition.

§6522. Practice of medicine and use of title "physician". Only a person licensed or otherwise authorized under this article shall practice medicine or use the title "physician".

§6523. State board for medicine. A state board for medicine shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing in accordance with section sixty-five hundred eight of this title. The board shall be composed of not less than twenty physicians licensed in this state for at least five years, two of whom shall be doctors of osteopathy. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner and shall be a physician licensed in this state.

§6524. Requirements for a professional license. To qualify for a license as a physician, an applicant shall fulfill the following requirements:

(1) Application: file an application with the department;

(2) Education: have received an education, including a degree of doctor of medicine, "M.D.", or doctor of osteopathy, "D.O.", or equivalent degree in accordance with the commissioner's regulations;

(3) Experience: have experience satisfactory to the board and in accordance with the commissioner's regulations;

(4) Examination: pass an examination satisfactory to the board and in accordance with the commisssioner's regulations;

(5) Age: be at least twenty-one years of age;

(6) Citizenship or immigration status: be a United States citizen or an alien lawfully admitted for permanent residence in the United States;

(7) Character: be of good moral character as determined by the department; and

(8) Fees: pay a fee of two hundred sixty dollars to the department for admission to a department conducted examination and for an initial license, a fee of one hundred seventy-five dollars for each reexamination, a fee of one hundred thirty-five dollars for an initial license for persons not requiring admission to a department conducted examination, a fee of one hundred twenty dollars for each trinnial registration period.

(9) For every license or registration issued after the effective date of this subdivision, an additional fee of thirty dollars shall be paid and deposited in the special revenue fund entitled "the professional medical conduct account" for the purpose of offsetting any expenditures made pursuant to subdivision fifteen of section two hundred thirty of the public health law. The amount of such funds expended for such purpose shall not be greater than such additional fees collected over the licensure period or for the duration of such program if less than the licensure period.

(10) For every license or registration issued after the effective date of this subdivision, an additional fee of ninety dollars shall be paid and deposited in the general fund for the purpose of increasing expenditures made pursuant to section two hundred thirty of the public health law in relation to the operation of the office of professional medical conduct within the department of health. The amount of the funds expended as a result of such increase shall not be greater than such additional fees collected over the licensure period.

§6525. Limited permits. Permits limited as to eligibility, practice and duration, shall be issued by the department to eligible applicants, as follows:

1. Eligibility: The following persons shall be eligible for a limited permit:

(1) A person who fulfills all requirements for a license as a physician except those relating to the examination and citizenship or permanent residence in the United States;

(2) A foreign physician who holds a standard certificate from the educational council for foreign medical graduates or who has passed an examination satisfactory to the state board for medicine and in accordance with the commissioner's regulations; or

(3) A foreign physician or a foreign intern who is in this country on a non-immigration visa for the continuation of medical study, pursuant to the exchange student program of the United States department of state.

2. Limit of practice. A permittee shall be authorized to practice medicine only under the supervision of a licensed physician and only in a public, voluntary, or proprietary hospital.

3. Duration. A limited permit shall be valid for two years. It may be renewed biennially at the discretion of the department.

4. Fees. The fee for each limited permit and for each renewal shall be one hundred five dollars.

§6526. Exempt persons. The following persons under the following limitations may practice medicine within the state without a license:

1. Any physician who is employed as a resident in a public hospital, provided such practice is limited to such hospital and is under the supervision of a licensed physician;

2. Any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border and provided such physician does not maintain an office or place to meet patients or receive calls within this state;

3. Any physician who is licensed in another state or country and who is meeting a physician licensed in this state, for purposes of consultation, provided such practice is limited to such consultation;

4. Any physician who is licensed in another state or country, who is visiting a medical school or teaching hospital in this state to receive medical instruction for a period not to exceed six months or to conduct medical instruction, provided such practice is limited to such instruction and is under the supervision of a licensed physician;

5. Any physician who is authorized by a foreign government to practice in relation to its diplomatic, consular or maritime staffs provided such practice is limited to such staffs;

6. Any commissioned medical officer who is serving in the United States armed forces or public health service or any physician who is employed in the United States Veterans Administration, provided such practice is limited to such service or employment;

7. Any intern who is employed by a hospital and who is a graduate of a medical school in the United States or Canada, provided such practice is limited to such hospital and is under the supervision of a licensed physician; or

8. Any medical student who is performing a clinical clerkship or similar function in a hospital and who is matriculated in a medical school which meets standards satisfactory to the department, provided such practice is limited to such clerkship or similar function in such hospital.

9. Any dentist or dental school graduate eligible for licensure in the state who administers anesthesia as part of a hospital residency program established for the purpose of training dentists in anesthesiology.

§6527. Special provisions. 1. A not-for-profit medical or dental expense indemnity corporation or a hospital service corporation organized under the insurance law may employ licensed physicians and enter into contracts with partnerships or medical corporations organized under article forty-four of the public health law, health maintenance organizations possessing a certificate of authority pursuant to article forty-four of the public health law, professional corporations organized under article fifteen of the business corporation law or other groups of physicians to practice medicine on its behalf for persons insured under its contracts or policies.

2. Notwithstanding any inconsistent provision of any general, special or local law, any licensed physician who voluntarily and without the expectation of monetary compensation renders first aid or emergency treatment at the scene of an accident or other emergency, outside a hospital, doctors's office or any other place having proper and necessary medical equipment, to a person who is unconscious, ill or injured, shall not be liable for damages for injuries alleged to have been sustained by such person or for damages for the death of such person alleged to have occurred by reason of an act or omission in the rendering of such first aid or emergency treatment unless it is established that such injuries were or such death was caused by gross negligence on the part of such physician. Nothing in this subdivision shall be deemed or construed to relieve a licensed physician from liability for damages for injuries or death caused by an act or omission on the part of a physician while rendering professional services in the normal and ordinary course of his practice.

3. No individual who serves as a member of (a) a committee established to administer a utilization review plan of a hospital, including a hospital as defined in article twenty-eight of the public health law or a hospital as defined in subdivision ten of section 1.03 of the mental hygiene law, or (b) a committee having the responsibility of the investigation of an incident reported pursuant to section 29.29 of the mental hygiene law or the evaluation and improvement of the quality of care rendered in a hospital as defined in article twenty-eight of the public health law or a hospital as defined in subdivision ten of section 1.03 of the mental hygiene law, or (c) any medical review committee or subcommittee thereof of a local, county or state medical, dental, podiatry or optometrical society, any such society itself, a professional standards review organization or an individual when such committee, subcommittee, society, organization or individual is performing any medical or quality assurance review function including the investigation of an incident reported pursuant to section 29.29 of the mental hygiene law, either described in clauses (a) and (b) of this subdivision, required by law, or involving any controversy or dispute between (i) a physician, dentist, podiatrist or optometrist or hospital administrator and a patient concerning the diagnosis, treatment or care of such patient or the fees or charges therefor or (ii) a physician, dentist, podiatrist or optometrist or hospital administrator and a provider of medical, dental, podiatric or optometrical services concerning any medical or health charges or fees of such physician, dentist, podiatrist or optometrist, or (d) a committee appointed pursuant to section twenty-eight hundred five-j of the public health law to participate in the medical and dental malpractice prevention program, or (e) any individual who participated in the preparation of incident reports required by the department of health pursuant to section twenty-eight hundred five-l of the public health law, or (f) a committee established to administer a utilization review plan, or a committee having the responsiblity of evaluation and improvement of the quality of care rendered, in a health maintenance organization organized under article forty-four of the public health law or article forty-three of the insurance law, including a committee of an individual practice association or medical group acting pursuant to a contract with such a health maintenance organization, shall be liable in damages to any person for any action taken or recommendation made, by him within the scope of his function in such capacity provided that (a) such individual has taken action or made recommendations within the scope of his function and without malice, and (b) in the reasonable belief after reasonable investigation that the act or recommendation was warranted, based upon the facts disclosed.

Neither the proceedings nor the records relating to performance of a medical or a quality assurance review function or participation in a medical and dental malpractice prevention program nor any report required by the department of health pursuant to section twenty-eight hundred five-l of the public health law described herein, including the investigation of an incident reported pursuant to section 29.29 of the mental hygiene law, shall be subject to disclosure under article thirty-one of the civil practice law and rules except as hereinafter provided or as provided by any other provision of law. No person in attendance at a meeting when a medical or a quality assurance review or a medical and dental malpractice prevention program or an incident reporting function described herein was performed, including the investigation of an incident reported pursuant to section 29.29 of the mental hygiene law, shall be required to testify shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject matter of which was reviewed at such meeting.

4. This article shall not be construed to affect or prevent the following:

a. The furnishing of medical assistance in an emergency;

b. The practice of the religious tenets of any church;

c. A physician from refusing to perform an act constituting the practice of medicine to which he is conscientiously opposed by reason of religious training and belief.

d. The organization of a medical corporation under article forty-four of the public health law or the organi-

zation of a professional service corporation under article fifteen of the business corporation law.

5. There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person, partnership, corporation, firm, society, or other entity on account of the communication of information in the possession of such person or entity, or on account of any recommendation or evaluation, regarding the qualifications, fitness, or professional conduct or practices of a physician, to any governmental agency, medical or specialists society, a hospital as defined in article ten of section 1.03 of the mental hygiene law, or a health maintenance organization organized under article forty-four of the public health law or article forty-three of the insurance law, including a committee of an individual practice association or medical group acting pursuant to a contract with a health maintenance organization. The foregoing shall not apply to information which is untrue and communicated with malicious intent.

§6528. Qualification of certain applicants for licensure. (a) Notwithstanding any other provisions of this article or any law to the contrary, an individual who at the time of his enrollment in a medical school outside the United States is a resident of the United States shall be eligible for licensure in this state if he has satisfied the requirements of subdivisions one, five, six, seven and eight of section sixty-five hundred twenty-four of this chapter and:

(1) has studied medicine in a medical school located outside the United States which is recognized by the World Health Organization;

(2) has completed all of the formal requirements of the foreign medical school except internship and/or social service;

(3) has attained a score satisfactory to a medical school approved by the Liaison Committee on Medical Education on a qualifying examination acceptable to the state board for medicine, and has satisfactorily completed one academic year of supervised clinical training under the direction of such medical school;

(4) has completed the post-graduate hospital training required by the Board of all applicants for licensure; and

(5) has passed the examination required by the Board of all applicants for licensure.

(b) Satisfaction of the requirements of paragraphs (1), (2), and (3) of subdivision (a) of this section shall be in lieu of the completion of any foreign internship and/or social service requirements, and no such requirements shall be a condition of licensure as a physician in this State.

(c) Satisfaction of the requirements of paragraphs (1), (2), and (3) of subdivision (a) of this section shall be in lieu of certification by the Educational Council for Foreign Medical Graduates, and such certification shall not be a condition of licensure as a physician in this State for candidates who have completed the requirements of subdivision (a) of this section.

(d) No hospital licensed by this State, or operated by the State or a political subdivision thereof, or which receives state financial assistance, directly or indirectly, shall require an individual who has satisfied the requirements of paragraphs (1), (2), and (3) of subdivision (a) of this section, and who at the time of his enrollment in a medical school outside the United States is a resident of the United States, to satisfy any further education or examination requirements prior to commencing an internship or residency.

(e) A document granted by a medical school located outside the United States which is recognized by the World Health Organization issued after the completion of all the formal requirements of such foreign medical school except internship and/or social service shall, upon certification by the medical school in which such training was received of satisfactory completion by the person to whom such training was received of satisfactory completion by the person to whom such document was issued of the requirements listed in paragraph (3) of subdivision (a) of this section, be deemed the equivalent of a degree of doctor of medicine for purposes of licensure and practice as a physician in this State.

§6529. Power of board of regents regarding certain physicians. Notwithstanding any provision of law to the contrary, the board of regents is authorized, in its discretion, to confer the degree of doctor of medicine (M.D.) upon physicians who are licensed pursuant to section sixty-five hundred twenty-four or sixty-five hundred twenty-eight of this chapter and have practiced medicine in the state of New York for at least three years subsequent to receiving such license provided, however, that a fee of three hundred dollars shall be paid by each applicant to the education department for the issuance of such degree.

REGULATIONS OF THE COMMISSIONER OF EDUCATION
PART 52.4
REGISTRATION OF CURRICULA
MEDICINE AND OSTEOPATHY

§52.4 Medicine and osteopathy. Admission requirements to a college of medicine or osteopathy shall include the following preprofessional education: 60 semester hours of college study including courses in general chemistry, organic chemistry, biology or zoology, and physics.

PART 59
GENERAL PROVISIONS

Section 59.1 Applicability. (a) As used in this Subchapter, license shall mean a permanent authorization, issued pursuant to Title VIII of the Education Law, to practice a profession or to use a professional title.

(b) The provisions of this Part shall apply to admission to the licensing examination and to the issuance of licenses in each of the professions supervised by the Board of Regents except as may otherwise be provided in this Subchapter with respect to specific professions.

59.2 Education requirements. (a) An applicant for a professional license shall satisfy all education requirements before being admitted to a professional licensing examination, except that the Committee on the Professions may accept professional examinations grades earned in another state or jurisdiction of the United States prior to completion of professional education if the applicant was licensed in that jurisdiction on the basis of said examination and both the grades and the examination satisfy requirements in this State. Education requirements for a professional license shall include any preprofessional education or experience required as a prerequisite for admission to a registered program of professional education. The department, in its discretion, may accept in satisfaction of a professional education requirement the completion of an approved or registered program or a program accredited by a professional accreditation organization acceptable to the department. The department, in its discretion, may also accept graduation by a transfer student from such a program provided such student has completed not less than the final year of professional education in such program subsequent to the date of approval, registration or accreditation of the program and approval of the accrediting organization by the department. The department may accept graduation by a transfer student from an unaccredited program of professional education provided such student satisfies the educational requirements of statute and regulation in accordance with this Part and as otherwise provided in this Subchapter with respect to the specific profession and futher provided that such student completes not less than the final year in the unaccredited program to which he has transferred.

(b) Education and experience required for the issuance of a license or limited permit shall have been performed in accordance with all requirements of the jurisdiction in which it took place. The department may require contemporaneous evidence of the education and/or experience required for the issuance of a license or limited permit.

59.3 English proficiency requirement. An applicant for licensure whose application is based upon credit granted for the completion of courses of study in a country where English is not the principal language spoken shall demonstrate proficiency in English by passing an examination in English proficiency acceptable to the department or by passing a licensing examination acceptable to the department given in English.

59.4 Citizenship or immigration status requirements. In those professions where citizenship or immigration status is required for licensure, an applicant shall submit evidence satisfactory to the department of compliance with such requirement.

59.5 Professional examinations. (a) The department may develop its own examinations or may select in whole or in part examinations developed or administered by other organizations. Unless specifically authorized by the department, no examination shall be deemed acceptable which has been used in its entirety during the five years previous to the current administration.

(b) Applications for admission to a licensing examination including all required fees shall be completed and filed not less than 60 days prior to the examination. When the department finds that the application is complete and that the requirements for admission to an examination have been met, it will issue to the applicant an admission card which will include the date, time and place of the examination and entitle the applicant to admission thereto. If an application is denied or withdrawn in a timely manner, an applicant may obtain a refund of the first registration fee and a partial refund not exceeding fifty percent of the licensing fee. A request for such a refund shall be made in writing. Re-application after receipt of a refund may be accepted only upon payment in full of all fees specified.

(c) For the purpose of identification for admission to the examination, the applicant shall present the current admission card with a photograph attached and, at the con-

clusion of the examination, return the card to the department representative conducting the examination. A candidate shall permit fingerprints to be taken during each part of an examination.

(d) Licensing examinations shall be held at times and places determined by the commissioner and conducted under the following conditions. Any candidate violating such conditions may be dismissed from the examination by the department representative, and the examination paper of such candidate shall be deemed a failure. At the discretion of the department, such candidate may be denied admission to subsequent licensing examinations.

(1) No candidate shall enter any examination more than 45 minutes after the scheduled admission time, nor shall any candidate leave the examination until 60 minutes have elapsed from the scheduled admission time. No candidate shall leave a department administered practical or clinical examination until dismissed by the chief examiner.

(2) Compensatory time may be granted candidates arriving late for an examination, at the discretion of the department.

(3) A candidate shall not obtain unauthorized possession of examination materials.

(4) During the examination, no candidate shall give or receive help, or communicate with any other candidate in any way, except upon the express permission of the department representative.

(5) A candidate shall bring into the examination room only such books and other materials as are indicated on the admission card and permitted by the department.

(6) A candidate shall not remove from the examination room any of the materials provided for an examination, and shall not reproduce or reconstruct any portion of the examination or answer paper, or aid in such reproduction or reconstruction by any means, unless authorized by the department. Such materials include examination booklets, individual examination questions, answer sheets or score sheets, instructions and any reference tables or papers which were provided by the department and which may have been used in the course of the examination.

(e) Papers will be scored and candidates notified of success or failure by the department or its designee. If the candidate has failed, the department will advise when and on what basis the candidate may be reexamined.

(f) The passing score in each component of each part of the licensing examination shall be determined as provided by law and shall be computed without rounding. Unless otherwise provided in the regulations pertaining to a specific profession, a candidate may retain credit for examination parts passed for a period not to exceed five years from the examination date. A candidate who is reexamined in a part already passed shall not retain credit for such part from earlier examinations. In those professions which use national or regional examinations, this subdivision shall apply whether or not the examination is taken in the State of New York.

(g) In those professions where reviews of examination papers are permitted, candidates will be allowed to review only those parts of the examination which they failed with a score of 65 or higher, except in those professions which permit candidates to pass on average. A request for review of an examination paper or score may be made in writing to the executive secretary of the appropriate state board not later than 30 days after examination grades are released by the department. Such request shall include detailed reasons justifying the review requested. A candidate shall not remove from the reviewing site any of the materials provided for the review of an examination given previously, and shall not reproduce or reconstruct any portion of the examination or the answer paper, or aid in such reproduction or reconstruction by any means, unless authorized by the department. No one other than the candidate will be permitted access to examination materials. Where examinations are offered under contract with testing agencies, reviews shall be consistent with these contracts, where applicable. All reviews shall be conducted at sites selected and supervised by the department or an authorized testing agency.

(h) After July 1, 1984, an applicant who has been admitted to a professional licensing examination conducted by the department and subsequently fails to appear for such an examination twice shall forfeit any remaining fee credits for that examination. The applicant, upon subsequently applying for readmission to that examination, shall pay all required admission fees.

59.6 License by endorsement. An applicant for endorsement of a license issued by another jurisdiction shall establish that the applicant:

(a) meets all requirements of section 6506 (6) of the Education Law;

(b) has had satisfactory professional experience of at least two years following initial licensure, unless a different period is provided in the regulations pertaining to a particular profession;

(c) has not attempted unsuccessfully a licensing examination used by the State of New York either prior to or after making application for licensure by endorsement, unless such applicant has later passed a comparable licensing examination.

59.7 Licenses and initial registrations. When the candidate fulfills all requirements for licensure, the department shall issue a first registration certificate and a license. The first registration shall be for the remainder of the applicable registration period, except that those persons initially licensed during the last four months of a registration period shall be registered for the succeeding registration period without an additional fee.

59.8 Registration for professional practice. (a) Each licensee shall be responsible for registering with the department. Failure to register shall subject the practitioner to the late fee set forth in section 6502 (3) of the Education Law. Any practitioner who willfully refuses to register shall be subject to the penalties set forth in section 6511 of such law.

(b) A licensee not practicing or using a restricted title in New York State or an individual practicing only in a setting which is exempt from licensure in accordance with law may allow registration to lapse without being subject to the late fee set forth in section 6502 of the Education Law, by notifying the department of their cessation of practice or exemption in the state. At such time as the licensee may choose to resume practice or enter practice in a non-exempt setting in New York State, a registration certificate may be issued upon the filing of a proper application and the payment of the required registration fee.

(c) Registration certificates shall be conspicuously displayed by each licensee in each office in which the profession is practiced. In instances where licensees regularly practice at more than one professional office, registration certificates shall be obtained for each office bearing the licensee's name and the exact address of each such office upon making proper application to the department and submitting a fee. Where practice is carried on in other than individual offices, each licensee shall have a current registration certificate available for inspection at all times.

(d) Beginning dates for two-year (biennial) registration periods for each profession shall be as follows:

Professions	Beginning Dates
Professional Engineering, Land Surveying, Massage	11/1/80
Acupuncture, Medicine, Pharmacy, Physical Therapy, Physical Therapist Assistant	1/1/81
Registered Professional Nursing	9/1/81
Chiropractic, Veterinary Medicine, Animal Health Technology, Physician's Assistant, Specialist's Assistant	1/1/82
Social Work	3/1/82
Occupational Therapy, Speech-Language Pathology, Audiology	4/1/82
Dentistry, Dental Hygiene	5/1/82
Optometry, Ophthalmic Dispensing, Certified Shorthand Reporting	7/1/82
Licensed Practical Nursing, Architecture, Landscape Architecture, Certified Public Accountant, Public Accountancy	9/1/82
Psychology	5/1/83
Podiatry	9/1/83
Occupational Therapy Assistant	11/1/83

(e) Beginning dates for new three-year (triennial) registration periods shall be as follows:

Professions	Beginning Dates
Professional Engineering, Land Surveying, Massage	11/1/82
Acupuncture, Medicine, Pharmacy, Physical Therapy, Physical Therapist Assistant	1/1/83
Registered Professional Nursing	9/1/83
Chiropractic, Veterinary Medicine, Animal Health Technology, Physician's Assistant, Specialist's Assistant	1/1/84
Social Work	3/1/84

Occupational Therapy, Speech-Language Pathology, Audiology	4/1/84
Dentistry, Dental Hygiene	5/1/84
Optometry, Ophthalmic Dispensing, Certified Shorthand Reporting	7/1/84
Licensed Practical Nursing, Architecture, Landscape Architecture, Certified Public Accountant, Public Accountancy	9/1/84
Psychology	5/1/85
Podiatry	9/1/85
Occupational Therapy Assistant	11/1/85

(f) Each professional practitioner shall notify the department of any change of name or address in writing not later than 30 days after such change.

59.9 Special service fees. The department will charge the following fees for special services not otherwise provided by Education Law:

(a) for the issuance of a trainee permit in ophthalmic dispensing, $15;

(b) for certification of completion of pharmacy internship, $10;

(c) for admission to the fundamantel theory section of the technical examination in landscape architecture, $50 and for each subsequent reexamination, $50, the remainder of the fee set forth in Section 7324 of the Education Law to be paid prior to admission to the remainder of the examination;

(d) for certification of licensure or examination grades to another jurisdiction, $20;

(e) for certification in acupuncture of a licensed physician or dentist, $50;

(f) for the issuance of an additional registration certificate, $5;

(g) for the issuance of a letter of eligibility to undertake clinical clerkships, $30;

(h) for the issuance of a Medical Sciences Knowledge Profile (MSKP) or satisfactory equivalent examination certificate to undertake clinical clerkships, $20; and

(i) certification of the rescoring or review by the department of an examination conducted by the department, $20.

59.10 Professional service corporations. (a) Applications to the State Education Department for the issuance of a certificate pursuant to Business Corporation Law section 1503 (b) (ii) shall be made by submitting to the department a fully executed certificate of incorporation which complies with the provisions of such section and of section 1512 of such law, and which sets forth or has annexed to it an affidavit of one of the original officers, directors or shareholders of the corporation setting forth the name of each individual who is to be one of the original shareholders, directors or officers of the corporation.

(b) If the name of a proposed professional service corporation contains the name of a deceased person, the certificate of incorporation, when submitted to the department for the issuance of a certificate pursuant to Business Corporation Law section 1503 (b) (ii) shall be accompanied by an affidavit of one of the subscribers to the certificate of incorporation establishing compliance with the provisions of Business Corporation Law section 1512 (a) (2).

(c) A certificate pursuant to Business Corporation Law section 1503 (b) (ii) may be issued when:

(1) the proposed name of the corporation appropriately describes the profession practiced and the services to be provided;

(2) if the proposed name of the corporation includes a reference to a specialized area of professional practice, satisfactory evidence is submitted of compliance with any provision of Part 29 of the Rules of the Board of Regents restricting or regulating the use of specialty titles or announcements of limitations of practice in the particular profession.

PART 60
MEDICINE, PHYSICIAN'S ASSISTANT, SPECIALIST'S ASSISTANT AND ACUPUNCTURE

Section 60.1 Professional study of medicine.

(a) To meet the preprofessional and the professional education requirement for licensure in this State the applicant shall present evidence of:

(1) the completion of two years of preprofessional education acceptable to the department; and

(2) the completion of a curriculum of not less than 32 months in length in a medical program registered by the department, accredited by an accrediting organization acceptable to the department, or recognized by the appropriate civil authorities of the country in which the school is located as an acceptable educational program for physicians or the completion of a medical program registered by the department or accredited by an accrediting organization acceptable to the department in which the student received advanced standing for prior academic work; and

(3) having received, from a school offering a program which meets the requirements of paragraph (2) of this subdivision, the degree doctor of medicine or doctor of osteopathy or the equivalent as determined by the department; and

(4) having obtained a passing score on a satisfactory proficiency examination, if the program of medical education is completed in a medical school not registered by the department or determined by the department to be equivalent to a registered program; provided, however, that a satisfactory diplomate certificate earned by examination may be accepted for the required proficiency examination.

(b) Courses failed in a school of medicine, for which credit has been granted toward meeting the requirements of a medical degree by another school of medicine, may not be counted toward meeting the requirements of this Part.

(c) A clinical clerkship may be part of a program of study subject to the provisions of section 60.2 of this Part.

60.2 Clinical clerkships. (a) Clinical clerkship as used in this Part shall mean a supervised educational experience which is part of the clinical component of a program of undergraduate medical education, which takes place in a general hospital or in an equivalent health organization acceptable to the department and which is performed in accordance with all requirements of the jurisdiction in which such facility is located.

(b) Students enrolled in medical programs registered by the department or determined by the department to be equivalent to such programs, or students whose clerkships shall not exceed an aggregate of 12 weeks in two academic years may serve in clinical clerkships.

(c) Except as provided in subdivision (b) of this section, students enrolled in medical programs not registered by the department may serve in clinical clerkships in teaching hospitals in this State provided that:

(1) the student was engaged in a clinical clerkship in this State prior to May 1, 1981; or

(2) the student was enrolled in the medical school on or before September 25, 1980 and has provided evidence of having obtained a satisfactory score on the Medical Sciences Knowledge Profile examination taken prior to July 1, 1985, a passing score on Part I of the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), or an acceptable score on a satisfactory equivalent examination; or

(3) the student was enrolled in the medical school after September 25, 1980 and has provided evidence of having obtained a satisfactory score on the Medical Sciences Knowledge Profile examination taken prior to July 1, 1985, a passing score on Part I of the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), or an acceptable score on a satisfactory equivalent examination, provided that the program in the medical school attended has been determined by the department, after a site visit conducted at the expense of the applicant by persons designated by the department and experienced in medical program evaluation, to meet substantially the requirements of section 60.1 (a) (1) of this Part and of Parts 50 and 52 of this Subchapter except any provision thereof that states or implies that a particular form of governing body is required, and provided further that formal agreements satisfactory to the department have been

executed between the medical school and the hospital(s) in which students from the school are to be engaged in clinical clerkships, which specify responsibility for planning, managing and supervising clerkships in each subject area, and further that the department shall be notified by the medical school of any changes in such agreements including termination or the initiation of new agreements; or

(4) the student was enrolled in the medical school after September 25, 1980 but before May 1, 1981 and has provided evidence of having obtained a satisfactory score on the Medical Sciences Knowledge Profile examination taken prior to July 1, 1985, a passing score on Part I of the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), or an acceptable score on a satisfactory equivalent examination, and the medical school in which he is enrolled has submitted a formal application for approval pursuant to paragraph (3) of this subdivision.

(5) The satisfactory score specified in paragraphs (2), (3), and (4) of this subdivision shall be a score comparable to the performance on Part I of the National Board of Medical Examiners examination of students who attend medical schools registered by the department or accredited by an accrediting organization acceptable to the department.

(d) A clinical clerkship may be performed only in a clinical subject or subjects in which the teaching hospital has a residency program accredited by the Accreditation Council on Graduate Medical Education, or an equivalent accrediting agency acceptable to the department, or which is part of such a program through affiliation(s) approved by the Accreditation Council on Graduate Medical Education, or an equivalent agency acceptable to the department. The requirements of this subdivision shall not apply to students who were engaged in clinical clerkships in this State prior to May 1, 1981. To engage in a clerkship which, in the aggregate of all clerkship experience during two academic years, will not exceed 12 weeks the student shall present a letter of eligibility issued by the department.

(e) No teaching hospital shall be under obligation by virtue of these regulations to accept medical students in clinical clerkships, and any medical school or teaching hospital may impose standards for admission to clinical clerkships which exceed the standard set forth in this section.

60.3 Experience. (a) For issuance of a license to practice medicine, all applicants who make application for licensure after July 1, 1985 shall have completed at least one year of postgraduate hospital training acceptable to the department, except as otherwise provided in subdivision (b) of this section.

(b) For issuance of a license to practice medicine, graduates of medical education programs neither registered by the department nor accredited by an accrediting organization acceptable to the department, except those applicants seeking licensure pursuant to section 6528 of the Education Law, shall meet the following requirements:

(1) those individuals who complete medical education and make application for licensure to the department prior to July 1, 1981, shall have completed two years of postgraduate hospital training satisfactory to the department, provided that graduates of schools designated by the department shall be exempted from the second year of required hospital training;

(2) those individuals who make application for licensure on or after July 1, 1981, shall have completed at least three years of postgraduate training approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association or their predecessors or successors.

(c) A year of postgraduate training shall mean a period of not less than the equivalent of 11 calendar months of full-time experience after passing an acceptable proficiency examination. A graduate entering the licensing examination pursuant to this section may sit for the examination following completion of undergraduate medical education but prior to entry into the required postgraduate training.

(d) Fellowships in the United States or Canada which are clinical in nature or postgraduate hospital training obtained in a country in which such training is regulated by an organization designated as responsible for quality assurance that has been approved by the Board of Regents, may be accepted by the Committee on the Professions toward meeting the postgraduate training requirement. Fellowships determined to be other than clinical may be accepted on a pro rata basis at the discretion of the Committee on the Professions, and a diplomate certificate satisfactory to the department and earned by examination may be accepted for one year of the required postgraduate hospital training.

60.4 Licensing examinations. (a) An applicant who is a graduate of a medical school may fulfill the examination requirements for licensure by submitting evidence of having achieved grades acceptable to the State Board for Medicine on:

(1) all parts of the three part Federation Licensing Examination (FLEX); or

(2) both Component I and Component II of the two component Federation Licensing Examination (FLEX); or

(3) all parts of the examination of the National Board of Medical Examiners, Inc.; or

(4) all parts of the examination of the National Board of Examiners for Osteopathic Physicians and Surgeons given after January 1, 1972; or

(5) examinations of other states given prior to January 1, 1972, which are satisfactory to the State Board for Medicine.

(b) A graduate of a registered or accredited college of osteopathic medicine who has obtained grades on Parts I and II of the examination of the National Board of Examiners for Osteopathic Physicians and Surgeons which meet New York State standards for licensure but who, after completing nonosteopathic postgraduate training is refused admission to Part III of that examination by the National Board of Examiners for Osteopathic Physicians and Surgeons, may satisfy the licensing examination requirement in this State by obtaining grades satisfactory to the State Board for Medicine on the clinical competence portion of a Federation Licensing Examination.

(c) Passing score. (1) The passing score in any group of basic science, clinical science or clinical competence subjects of the three part Federation Licensing Examination shall be 75.0, provided that in the computation of final average score additional weight may be assigned to the clinical subjects. A final weighted average score of 75.0 shall be required for passing. In the event the candidate does not achieve a final weighted average score of 75.0, a reexamination shall be required.

(2) The passing score on FLEX Component I and Component II shall be 75.0 in each component.

(d) A completed application for initial admission to the licensing examination and all supporting documents shall be filed with the department not less than 90 days prior to the date of the examination. An application for admission to subsequent examinations shall be filed with the department not less than 60 days prior to the date of the examination.

60.5 License by endorsement. (a) Endorsement of foreign licenses. A medical license or registration certificate granted in a foreign country in which licensure or registration is regulated by an organization designated as responsible for quality assurance of licensees and acceptable to the Board of Regents, may be accepted by the department for licensure in New York State if the applicant:

(1) is eligible for admission to the medical licensing examination;

(2) has acceptable grades on a clinical competency examination acceptable to the department;

(3) is in possession of the appropriate medical license or certificate from that country;

(4) presents evidence satisfactory to the department of completion of the postgraduate training required by section 60.3 of this Part; and

(5) has not less than five years of satisfactory professional experience or practice following licensure or registration.

(b) Endorsement of licenses of other states.

(1) A medical license issued by another state or political subdivision of the United States may be endorsed by the department for practice in New York if the applicant:

(i) is eligible for admission to the New York State medical licensing examination;

(ii) has achieved grades on a medical licensing examination which meet New York State standards for licensure as provided in section 60.4 of this Part; and

(iii) has completed not less than two years of satisfactory professional experience.

(2) The department may license an applicant who:

(i) has been licensed to practice medicine in another jurisdiction of the United States or its territories as a result of an examination the scope and content of which are found by the State Board for Medicine to be equivalent to the licensing examination in New York State;

(ii) has achieved a grade on such examination which is acceptable for licensure in such state or territory and which is not more than one percentage point below the weighted average required for licensure in New York;

(iii) submits satisfactory evidence of at least seven years of experience, following licensure; and

(iv) meets all other requirements for licensure in New York State.

60.6 Limited permits. For renewal of a limited permit in medicine the department may accept satisfactory evidence of personal or family illness or extenuating circumstances preventing the candidate from taking the licensing examination, or satisfactory performance on a significant part of the New York State licensing examination in medicine, provided that such permit shall not be renewed for more than 24 months.

60.7 Definitions relating to limited permits and persons exempt from licensure. (a) The words "hospital," as used in subdivision 2 of section 6525, and "public hospital," as used in subdivision 1 of section 6526 of the Education Law, shall be construed to include a general hospital as defined by Public Health Law section 2801 (10), a psychiatric center operated by the State Office of Mental Health, a developmental center operated by the State Office of Mental Retardation and Developmental Disabilities, or an alcohol treatment center operated by the State Division of Alcoholism and Alcohol Abuse, a nursing home, or an incorporated non-profit home or institution for the care of the chronically ill approved by the State Department of Health.

(b) The word "resident" as used in subdivision 1 of section 6526 of the Education Law shall be construed to include interns, employed in a public hospital, who are graduates of medical schools located outside the United States and Canada and who hold the standard certificate of the Educational Council for Foreign Medical Graduates.

60.8 Registration of physician's assistants or specialist's assistants. (a) General requirements. An applicant for registration as a physician's assistant or specialist's assistant shall submit the required application form to the department and shall have met the requirements of section 6541 of the Education Law.

(b) Professional study.

(1) An applicant who has completed a program for the training of physician's assistants or specialist's assistants, which has been approved by the department, shall be eligible for registration.

(2) An applicant who has completed a program for the training of physician's assistants or specialist's assistants outside New York State shall be eligible for registration if the applicant meets the requirements of section 6541 of the Education Law and the program is determined by the department to be substantially equivalent to programs registered in New York State.

(c) Equivalent education and training. In lieu of all or part of a registered program for the training of physician's assistants or specialist's assistants, the commissioner may accept evidence of an extensive health oriented education and of appropriate experience and training. The commissioner may require such an applicant to pass a proficiency examination and to make up any deficiencies in education or experience prior to registration. Scores satisfactory to the department on the National Certifying Examination for Assistants to the Primary Care Physician prepared by the National Board of Medical Examiners, may be accepted as satisfying the proficiency examination requirement for physician's assistants.

(d) Registration designations. Registration as a specialist's assistant shall be for a particular field of practice as defined by the Commissioner of Health pursuant to section 3701 of the Public Health Law.

60.9 Acupuncture.

(a) To practice acupuncture in New York State, a person shall possess one of the following credentials:

(1) a license to practice acupuncture issued pursuant to Chapter 959 of the Laws of 1974, as amended, and the requirements of paragraph (1) of subdivision (b) of this section; or

(2) a license to practice medicine or dentistry and a certificate to practice acupuncture issued pursuant to paragraph (2) of subdivision (b) of this section; or

(3) a registration as a specialist's assistant – acupuncture, pursuant to Education Law section 6541 and the requirements of paragraph (3) of subdivision (b) of this section.

(b) Qualifications for practice. For an authorization to practice acupuncture an applicant shall meet the following requirements:

(1) For a license to practice acupuncture, the applicant shall:

(i) file an application on a form provided by the department. All documents shall be in English or accompanied by an acceptable English language translation;

(ii) have a license to practice acupuncture which is acceptable to the State Board for Medicine as a doctor of acupuncture, herb physician, or doctor of traditional Chinese medicine duly issued by the licensing board of any state or foreign country. In judging the acceptability of licenses, the criteria, requirements and administration of the applicable licensing procedures will be evaluated. Licenses which represent

levels of competence and skill in the practice of acupuncture and which represent the substantial equivalent to those standards required for the licensing of professions in New York State will be accepted;

(iii) submit satisfactory evidence of having practiced acupuncture for at least ten years;

(iv) meet the English proficiency requirement of section 59.3 of these regulations;

(v) be of good moral character as determined by the department;

(vi) pay the fees specified in section 59.9 (e) of this Subchapter.

(2) For a certificate to practice acupuncture, the applicant shall:

(i) possess a license to practice medicine or dentistry;

(ii) have completed at least 200 hours of instruction in programs in acupuncture registered by the department, or in programs determined by the department to be the equivalent of registered programs, and at least 100 hours of supervised experience acceptable to the department. Instruction shall consist of:

(a) at least 100 hours of instruction and clinical demonstrations in general and basic aspects of acupuncture; and

(b) at least 100 hours of sequential specialized instruction in specific uses and techniques of acupuncture. Topics of instruction shall include indications and contraindications for acupuncture administration, techniques for locating acupuncture points, needling and stimulating techniques, and trainee participation in administration of acupuncture in clinical demonstrations; and

(c) at least 100 hours of supervised experience acceptable to the department and under the supervision of a currently registered physician or dentist certified in acupuncture;

(iii) pay the fees specified in section 59.9 (e) of this Subchapter.

(3) For registration as a specialist's assistant-acupuncture, the applicant shall:

(i) satisfy the education and training requirements set forth in subparagraph (ii) of paragraph (2) of this subdivision;

(ii) have graduated from a school of medicine or a school of traditional oriental medicine, herb medicine or acupuncture acceptable to the department;

(iii) have at least five years of experience in the use of acupuncture;

(iv) pay the fees specified in section 6541 of the Education Law.

(4) Examination requirement. The department, in its discretion, may require the passing of an examination in acupuncture as an additional qualification of any applicant for certification or registration who is unable to submit satisfactory evidence of the education and training requirements set forth in subparagraph (ii) of paragraph 2 of this subdivision, but who meets all other requirements for an authorization to practice acupuncture.

(c) Supervision of practice of acupuncture.

(1) The practice of acupuncture shall be subject to the provisions and procedures of Article 130 of the Education Law and Title II-A of Article 2 of the Public Health Law.

(2) The State Board for Medicine shall serve as the State Board with jurisdiction over the practice of acupuncture.

(3) A physician, dentist, or specialist's assistant authorized to practice acupuncture pursuant to paragraph (2) or (3) of subdivision (a) of this section may do so only within a research protocol approved by the department and only to patients who have previously consented in writing to the use of acupuncture, and to the use of the records of such treatment by the institution, physician, dentist or acupuncturist conducting the research and by the department or its agent, for purposes of compilation and evaluation of the effects of such treatment. Research protocols shall be submitted to the department for approval prior to commencement together with the written initial approval of the institutional review committee. No research program using acupuncture as a modality may operate without such approval.

(4) A specialist's assistant authorized to practice acupuncture pursuant to paragraph (3) of subdivision (a) of this section may practice only in an approved institutional setting and only under the supervision of a physician or dentist certified to practice acupuncture. An approved institutional setting shall include a school of medicine or dentistry offering a program of professional instruction registered by the department and a general hospital or other health or research facility licensed pursuant to the Public Health Law or the Men-

tal Hygiene Law and conducting a research protocol, approved pursuant to subdivision (d) of this section, on the use of acupuncture.

(d) Research protocols.

(1) Applications for the approval by the department of research protocols in acupuncture shall be submitted in triplicate to the State Board for Medicine or State Board for Dentistry as appropriate.

(2) Complete medical and dental records shall be maintained of all treatments performed during the conduct of a research protocol, including statistical compilations of the number of patients, number of acupuncture treatments, and apparent efficacy of such treatments both for the alleviation of pain and for the treatment of any other condition, disease or ailment. Such records shall be maintained for a period of ten years, and shall be available upon request to representatives of the department or of the Department of Health responsible for the supervision or evaluation of the use of acupuncture.

(3) Not later than three years after the initiation of a research protocol, the sponsors thereof shall report to the department and submit to the State Board for Medicine an analytical report on the conduct of the protocol, the apparent success or failure of acupuncture treatments for the various purposes for which they are administered, and the tentative conclusions drawn by the sponsors from the research.

RULES OF THE BOARD OF REGENTS
PART 17
DISCIPLINARY PROCEEDINGS IN THE PROFESSIONS

Section 17.1 Complaints or other information
17.2 Investigation
17.3 Prosecution or settlement of disciplinary proceedings
17.4 Reports
17.5 Consent orders
17.6 Surrender of license
17.7 Violation of probation
17.8 Hearing panel; administrative officers
17.9 Summary suspensions

Section 17.1 Complaints or other information. All complaints or other information relating to licensees authorized to practice a profession under title VIII of the Education Law shall be referred to the executive director of the Office of Professional Discipline.

17.2 Investigation. The executive director of the Office of Professional Discipline or that officer's designee shall, in matters involving possible professional misconduct, initiate an investigation of each such complaint or other information.

17.3 Prosecution or settlement of disciplinary proceedings. Prosecution or settlement of disciplinary proceedings shall be conducted as provided in title VIII of the Education Law, and as provided in this Part.

17.4 Reports. The executive director of the Office of Professional Discipline or that officer's designee shall submit a report by April first of each year on the status of cases investigated during the previous year, as well as on the disposition of any criminal or civil matters processed through the office, to the chairman of the State Board for each of the professions supervised by the Board of Regents.

17.5 Consent orders. Disciplinary proceedings conducted pursuant to the provisions of title VIII of the Education Law may be disposed of in accordance with the following procedure:

(a) A licensee who is under investigation, or against whom charges have been voted, who admits guilt to at least one of the acts of misconduct alleged or charged, in full satisfaction of all allegations or charges, or who does not contest the allegations or charges or who cannot successfully defend against at least one of the acts of misconduct alleged or charged, shall notify the executive director of the Office of Professional Discipline or the director's designee.

(b) If the executive director of the Office of Professional Discipline or the director's designee, a designated member of the State Board for the applicable profession, and the licensee agree to a statement by the licensee admitting guilt to one or more of the allegations or charges or setting forth a decision not to contest the allegations or charges or stating that the licensee cannot successfully defend against such allegations or charges and agreeing to a proposed penalty, and if a designated member of the Board of Regents thereafter agrees to such statement and proposed penalty, a written application, signed by all the above, shall be submitted by the licensee to the Board of Regents based upon the statement and proposed penalty consenting to the issuance of an order of the Commissioner of Education effectuating such penalty. The provisions of this section shall also apply to licensees and registrants subject to section 230 of the Public Health Law and to article 137 of the Education Law. With respect to licensees subject to section 230 of the Public Health Law, the agreement of the director of the Office of Professional Medical Conduct or that officer's designee, and of the Commissioner of Health or his or her designee, to the statement and proposed penalty and their signatures on the application shall be required in lieu of the agreement and signature of the executive director, Office of Professional Discipline. With respect to licensees subject to the provisions of section 230 of the Public Health Law, the term State Board as used in this section means the State Board for Professional Medical Conduct. With respect to licensees and registrants subject to article 137 of the Education Law, the agreement of the executive secretary of the State Board of Pharmacy to the statement and proposed penalty and his or her signature on the application shall also be required.

FLEX SCORE CERTIFICATION REQUEST FORM

To New York State License Applicants having taken FLEX OUTSIDE NEW YORK:

As part of your application for licensure, the New York State Education Department requires a certified transcript of your FLEX SCORES directly from the Federation of State Medical Boards. This transcript will show scores for all FLEX examinations you took. The transcript will also include information, if applicable, on any disciplinary action taken against you by any medical licensing jurisdiction and reported to the Federation of State Medical Boards.

The fee for FLEX SCORE CERTIFICATION is $35, payable by a cashier's check or money order made to the Federation of State Medical Boards. PERSONAL CHECKS ARE NOT ACCEPTED.

To have a FLEX SCORE CERTIFICATION forwarded to New York State, please complete the form below and mail it, along with the $35 fee, to:

FEDERATION OF STATE MEDICAL BOARDS
2630 WEST FREEWAY, SUITE 138
FORT WORTH, TX 76102-7199

I am applying for medical license in New York State and request Certification of my FLEX scores. That State Board of Medical Examiners requires all documents in support of my application to be submitted by _____ (Month/Year).

Date of Last Flex _____ (Month/Year) _____ (State where last FLEX taken) _____ FLEX Identif. No. (FIN) if known

Number of times FLEX taken _____

_____ (Medical School) _____ (Year of graduation)

_____ (Name - Print full name) _____ (Country in which School is located) _____ (Country of citizenship upon entering School)

_____ (Current mailing address) _____ (Date of Birth: Year/Month/Day) _____ (ECFMG Number, if applicable)

_____ (City and State) _____ (Social Security Number)

_____ (Daytime phone: area code and number) _____ (Signature) _____ (Date)

December 1989

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GRADUATES OF NEW YORK STATE REGISTERED OR L.C.M.E. APPROVED PROGRAMS

CHECK LIST I

(Refer to Application Instruction of Licensure Requirements)

	Licensed on the basis of National Board Scores	Admission to FLEX	Licensed on the basis of FLEX from another state	Licensed on the basis of a State Examination taken prior to 1/1/72	Applying for Limited Permit ONLY
FORM 1	√	√	√	√	
FORM 1D**	√	√	√	√	√
FORM 2	√	√	√	√	√
FORM 2A	√	√	√	√	√
FORM 2N					
FORM 2CT					
FORM 2PGT	√	√	√	√	
FORM 3				√	
FORM 4				√	
FORM 5					√
ECFMG					
FLEX SCORES			√		
NATIONAL BOARD SCORES	√				
TRANSCRIPT OF PRE-PROFESIONAL					
5TH PATHWAY VERIFICATION					

* Any applicant who needs a diplomate certificate may provide direct verification and request credit for one year of approved post-graduate hospital training (see 60.3(d))

** Requested not required.

GRADUATES OF NEW YORK STATE REGISTERED OR L.C.M.E. APPROVED PROGRAMS

CHECK LIST II

(Refer to Application Instruction of Licensure Requirements)

	Admission to FLEX	Licensure on the Basis of FLEX taken from another state	Admission to FLEX 5th Pathway Route	Licensed on the basis of FLEX 5th Pathway Route	Applying for Limited Permit ONLY Non-Reigstered or Accredited Program	Applying for Lmited Permit ONLY 5th Pathway
FORM 1	√	√	√	√		
FORM 1D***	√	√	√	√	√	√
FORM 2	√	√	√	√	√	√
FORM 2A						
FORM 2N	√**	√**	√**	√**	√**	√**
FORM 2CT	*	*	*	*	*	*
FORM 2PGT	√	√	√	√		√
FORM 3						
FORM 4						
FORM 5					√	√
ECFMG	√	√	√	√	√	√
FLEX SCORES		√		√		
NATIONAL BOARD SCORES						
TRANSCRIPT OF PRE-PROFESIONAL POST SECONDARY EDUCATION	√	√	√	√	√	√
5TH PATHWAY VERIFICATION			√	√		√

* If you completed any clerkships outside the country where school is located submit a Form 2CT for each clerkship. If you completed clerkship in New YorkState, please submit a copy of your MSICP scires or a copy of your letter of exemption.

** If you transferred from one school to another, submit a Form 2N from each school you attended.

***Requested not required.

- Any applicant who needs a diplomate certificate may provide direct verification and request credit for one year of approved post graduate hospital training (see 60.3(d).
- For endorsement of an out of country license applicant may be asked to provide evidence of meeting the requirements of 60.5(a).
- For acceptance of foreign post graduate hospital training applicant may be asked to provide evidence of meeting the requirements of 60.3(d). Graduates of CETEC, CIFAS, and UTESA should request special clerkship verification forms to be used instead of the Form 2CT found in the handbool.

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FORM 1
MEDICINE

ALL CANDIDATES MUST COMPLETE THIS FORM

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

APPLICATION FOR LICENSE AND FIRST REGISTRATION

COMPLETE BOTH SIDES OF THIS APPLICATION

Department Use Only

6 0

☐ 5 0 0 L X
☐ 3 7 5 E R
☐

N.Y.S. License Number

QUALS. . . . . .

APPROVED . . . . . .

1. ☐☐☐ – ☐☐ – ☐☐☐☐ Social Security Number
2. ☐☐☐ First 3 letters of Last Name
3. BIRTH DATE ☐☐ mo. ☐☐ day ☐☐ yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last
First
Middle

5. ADDRESS (check only one) ☐ permanent address of record ☐ temporary mailing address*

Care of
Misc. (Bldg. & Apt., etc.)
Street
City
State ZIP Code

6. TELEPHONE

At home ☐☐☐ area code – number
At work ☐☐☐ area code – number

7. CITIZENSHIP ☐ United States ☐ Alien Lawfully admitted for permanent residence in the United States.

Alien Registration Number _____

Citizen of _____

8. Name as it appears on diploma or other credentials. _____
9. Have you previously applied for a New York medical license or a limited permit? ☐ Yes ☐ No
10. Have you ever been convicted of a crime (felony or misdemeanor) in any state or country? ☐ Yes ☐ No
11. Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than by acquittal or dismissal? ☐ Yes ☐ No
12. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? ☐ Yes ☐ No
13. Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? ☐ Yes ☐ No
14. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? ☐ Yes ☐ No

- If the answer to questions 10–14 is "Yes," submit a letter giving a complete explanation as applicable, also include copies of your court records and a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

15. I wish to be licensed in New York State on the basis of:
    - ☐ National Board Examination (See Licensure Requirements – Sec. IV)
    - ☐ National Board Examination/Osteopath (See Licensure Requirements – Sec. IV)
    - ☐ Admission to the licensing examination in New York State (See Licensure Requirements – Sec. IV)
      Give Date of Flex examination requested (Month and Year) _____.
      Requested exam center: ☐ New York City Area, (Incs. Long Island) ☐ Albany Area ☐ Buffalo Area

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• COMPLETE OTHER SIDE •

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☐ Acceptance of Federation Licensing Examination (FLEX) taken outside New York State.
Give dates and locations of all FLEX examinations taken. _____

_____

My FLEX identification Number (FIN) is: _____

☐ Endorsement of license from another State or Country.
Name State or Country _____
Other _____

☐ 5th Pathway (Section 6528 of the Education Law.)

16. I am a graduate of the following medical program:

Name of Medical School Attended and Location	Number of Years Attended	Class Completed	ATTENDANCE		Diploma or Degree Obtained (if school is located Outside the United States, attach a copy)
			Entrance Date	Leaving Date	
School					

17. I am a licensed physician in the following states or countries:

State or Country	Date License Issued	Number	Basis of Licensure			Any Limitations on License
			Examination (Date Passed)	Endorsement	Other	

AFFIDAVIT

I hereby certify that I have read the statutory provisions, Rules of the Board of Regents and Regulations of the Commissioner of Education distributed to me by the State Education Department.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

....
Signature of candidate *Date*

• **DO NOT STAPLE** •

IN THIS SPACE
SECURELY ATTACH
PHOTOGRAPH TAKEN
WITHIN PAST YEAR

Write signature on light portion of photograph, not across features.

Date of Photograph .....

• **RETURN TO: Fee Section, Division of Professional Licensing Service**
Cultural Education Center, Albany, New York 12230

FORM 1D

MEDICINE

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services

CANDIDATE DATA RECORD GENDER AND ETHNICITY

ALL CANDIDATES ARE REQUESTED TO COMPLETE THIS FORM

The New York State Board of Regents and the State Education Department are committed to equal opportunity and racial justice. To achieve these goals, legislation has been enacted which calls for specific efforts in eradicating the present effects of past discrimination. The Regents and the State Education Department endorse a coordinated and comprehensive effort involving the sustained efforts of the educational system, professional boards, professional associations and societies, government, industry, parent groups, and individual professionals. In pursuit of those efforts, the Legislature has authorized and required the Commissioner of Education to collect and analyze data concerning representation in the licensed professions.

The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes pertaining to the study of representation in the licensed professions. It will not be made part of your licensure file and will not be released to anyone. While the provision of this information is voluntary on your part, our statutory responsibilities contemplate the collection of reliable information and we therefore encourage you to participate.

If you would like more information about educational and scholarship programs designed to assist people pursue professional education or if you are a licensed professional interested in volunteering in such programs, please write or call the Division of Postsecondary Equity and Access Programs (518) 473-6810.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS FORM

1. Complete items 1-5 by printing all information clearly in the boxes provided.
2. Complete items 6 & 7 by placing an (X) in the appropriate box.
3. Return this form to: Division of Professional Licensing Services, Medicine Unit, Cultural Education Center, Albany, New York 12230.

1 ☐☐☐-☐☐-☐☐☐☐ SOCIAL SECURITY NUMBER

2 ☐☐☐ FIRST 3 LETTERS OF LAST NAME

3 BIRTH DATE ☐☐☐☐☐☐ mo. day yr.

4 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR APPLICATION.

Last
First
Middle

5 ADDRESS

Care of
Misc. (Bldg. & Apt., etc.)
Street
City
State ☐☐ Zip Code ☐☐☐☐☐

6 GENDER
- ☐ Male (M)
- ☐ Female (F)

7 ETHNICITY
- ☐ American Indian or Alaskan Native (I)
- ☐ Asian or Pacific Islander (A)
- ☐ Black (not Hispanic) (B)
- ☐ Hispanic (H)
- ☐ Caucasian/White (not Hispanic) (W)

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FORM 2
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

CANDIDATE EDUCATION AND TRAINING RECORD

ALL CANDIDATES MUST COMPLETE THIS FORM.

1. ☐☐☐ – ☐☐ – ☐☐☐☐ **Social Security Number**

2. ☐☐☐ **First 3 letters of Last Name**

3. **BIRTH DATE** ☐☐ mo. ☐☐ day ☐☐ yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. ADDRESS Misc. (Bldg. & Apt., etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ZIP Code ☐☐☐☐☐

6. Basis of licensure sought (Form 1, #15) ☐ National Board, ☐ N.Y.S. Exam.; ☐ FLex Outside NYS; ☐ Endorsement

7. In the spaces below, give an accurate record of your educational preparation.

SCHOOLS ATTENDED-Location **Write names of schools in original language and translate.**	NUMBER OF YEARS ATTENDED	ATTENDANCE				Diploma or degree obtained Quote titles in original language and translate.
		Entrance		Leaving		
		Class	Date	Class Completed	Date	
Elementary or Primary School						(Proof of completion need not be submitted
Secondary or High School						(Proof of completion need not be submitted
Postsecondary PreProfessional (Exclusive of Medical School)						Candidates using Form 2A need not verify preprofessional training. Candidates using Form 2N must arrange that verification of preprofessional training be submitted directly from the school.
Medical Education (Professional) (List *all* Medical Schools Attended)						(See Form 2A or 2N for verification requirements)

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8. * If clinical clerkships were completed in a country other than where your medical school is located, give the dates and location of those clerkships.

Inclusive Clerkship Dates	Clinical Area	Name of Health Care Facility and Address	Medical School In Which Taken/Address

9. * Provide a chronological list of all activities since graduation from professional school to the present. Include vacation periods and periods of employment.

FROM		TO		Type of Professional Activity, Including Name and Address of Employer, Beginning with Date of Graduation from Professional School
Month	Year	Month	Year	

10. Professional Certificates/Other Examinations

MSKP	Date:	Score:	Certificate No.:	
Proficiency Examination	Name:	Date Medicine Passed	Date English Passed	Certificate No.
Specialty Boards (if more space is needed attach on separate sheet).				
Fifth Pathway	Name and Location of Medical School	Name and Location of Hospital	Inclusive Dates of Attendance	

* If more space is needed, please attach additional sheets of paper.

• Return this Form *Together* with Form 1, Form 1D, and fee to:

Fee Section, Division of Professional Licensing Services,
Cultural Education Center, Albany, New York 12230

FORM 2A
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

Graduates of N.Y.S. Registered or LCME Accredited Programs must complete this Form.

CERTIFICATION OF PROFESSIONAL EDUCATION: REGISTERED OR ACCREDITED PROGRAMS

CANDIDATE INSTRUCTIONS

1. **Complete Section I. Enter your name as it appears on your Application (Form 1).**
2. **Send this form to the professional school you attended. See "Licensure Requirements" for additional instruction. Be sure to include any fee required.**
3. **Certification is not acceptable unless dated after graduation.**

SECTION I: CANDIDATE INFORMATION

1. ☐☐☐–☐☐–☐☐☐☐ **Social Security Number**

2. ☐☐☐ **First 3 letters of Last Name**

3. **BIRTH DATE** ☐☐ ☐☐ ☐☐ mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. ADDRESS Misc. (Bldg. & Apt. etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ZIP Code ☐☐☐☐☐

6. Basis of licensure sought (Form 1, #15) ☐ National Board ☐ N.Y.S. Exam.; ☐ FLex Outside NYS; ☐ Endorsement ☐ Limited Permit

7. Print name under which degree or diploma was awarded:

_____
(Name)

8. High School Attended: _____
(Name)

9. Professional school attended: _____
(Name)

Address_____ Date degree was awarded _____

• CERTIFICATION BY PROFESSIONAL SCHOOL OFFICIAL • IS TO BE MADE ON REVERSE SIDE

BEST COPY AVAILABLE

SECTION II: CERTIFICATION OF EDUCATION

INSTRUCTION TO SCHOOL: Please complete this section, sign the certifying statement, and return the form *directly* to the Division of Professional Licensing Service. **This form will not be accepted if returned by the applicant.**

CERTIFICATION BY N.Y.S. REGISTERED OR LCME ACCREDITED MEDICAL SCHOOL

Preprofessional Education:

(1) Satisfactorily completed, prior to matriculation in professional school the following preprofessional education:

_____
Print Name of Institution

_____ _____
Dates of Attendence Degree Granted

Professional Education

(1) Was admitted to _____
Print Name of Medical School

on _____ and satisfactorily completed the program on
Month Day Year

_____ and was awarded the degree of
Month Day Year

_____ _____
Degree Date

- **If the applicant was credited with advanced standing based on prior academic work, give institution name and dates of attendence.**

Name of Institution: _____

Dates of Attendence _____

Attach the following to this form:

(1) Official transcript of studies at your institution.
(2) Copies of documentation in your file to support the granting of transfer credit.

Name _____
(original signature)

_____
(Type or print above name

(COLLEGE SEAL)

Title _____

Medical School _____

Location _____

Telephone Number _____

Date _____

Certification is not acceptable unless dated after graduation.

- **RETURN TO: Division of Professional Licensing Services, Medical Unit, Cultural Education Center, Albany, New York 12230**

FORM 2N
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

Graduates of Non-N.Y.S. Registered or Non-LCME Accredited Programs must complete this Form.

CERTIFICATION OF PROFESSIONAL EDUCATION: NONREGISTERED OR ACCREDITED PROGRAMS

CANDIDATE INSTRUCTION

1. **Complete Section I. Enter your name as it appears on your Application (Form 1).**
2. **Send this form to the professional school you attended. See "Licensure Requirements" for additional instruction. Be sure to include any fee required.**

SECTION I: CANDIDATE INFORMATION

1. ☐☐☐–☐☐–☐☐☐☐ **Social Security Number**
2. ☐☐☐ **First 3 letters of Last Name**
3. **BIRTH DATE** ☐☐ ☐☐ ☐☐ mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. ADDRESS Misc. (Bldg. & Apt., etc.) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ZIP Code ☐☐☐☐☐

6. Print name under which diploma was awarded:

_____ _____
(Name)

7. High School Attended: _____
(Name)

8. Professional school attended: _____
(Name)

Address_____ Date diploma was awarded_____

9. Name of Diploma_____

• CERTIFICATION BY PROFESSIONAL SCHOOL OFFICIAL •
IS TO BE MADE ON REVERSE SIDE

BEST COPY AVAILABLE

INSTRUCTION TO SCHOOL OFFICIAL COMPLETING THIS FORM:

1. Please complete this portion of the form and sign the certifying statement.
2. The information in item 3 should be attached to this form and sent directly from your school to this Department. DO NOT SEND THIS FORM WITH MATERIAL TO APPLICANT AS IT WILL NOT BE ACCEPTED.

(1) Date of candidate's entrance, date of completion of studies or withdrawal from the school:

Entrance Date: _____ **Completion**/withdrawal date: _____

(2) Title of diploma conferred and date of conferral: _____

(3) Please attach the following:

A. Official transcript showing courses:
   1. Taken at your institution.
   2. Accepted from another institution for transfer of credit or convalidation.

B. List of Clerkships: [include name, location of hospital, inclusive date of attendance and clinical area.].
   1. Completed while matriculated at your institution.
   2. Completed while matriculated at another institution and accepted and accepted by your institution for clerkship credit.

C. Copy of documentation in your file to support the granting of transfer of credit or convalidation of courses and clerkships.

(4) If Social Service was required, give inclusive dates and name of institution in which requirement was met.

Institution _____ Dates: _____ to _____

(5) If a pre-graduation internship was required, give inclusive dates and name of institution in which requirement was met.

Institution _____ Dates: _____ to _____

Medical School _____

Name of Student as it appears
on school records _____

Student ID Number _____

Year of graduation
or withdrawal _____

Name _____
(original signature)

_____
(Type or print above name

(COLLEGE SEAL)

Title _____

Medical School _____

Date _____

Certification is not acceptable unless dated after graduation.

- **Return with this form and material requested in Item 3 above to:**

Division of Professional Licensing Services, Medical Unit,
Cultural Education Center, Albany, New York 12230

FORM 2CT
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

Applicants who completed one or more clinical clerkships in a country other than where medical school is located must complete this form.

CERTIFICATION OF APPROVED CLINICAL TRAINING

CANDIDATE INSTRUCTION

1. **Complete Section I. Enter your name as it appears on your Application. (Form 1)**
2. **If you completed one or more clinical clerkships in a country other than where your medical school is located, send form(s) to the director of medical education of the hospital(s) in which you completed your clerkship(s).**
3. **One form must be submitted to verify each clerkship. If you have completed more than 3 clerkships, you may have the director of medical education complete a photocopy of the form.**
4. **If the hospital in which you did your clerkship does not have a director of medical education, the forms may be completed by the department chief.**

SECTION I: CANDIDATE INFORMATION

1. ☐☐☐–☐☐–☐☐☐☐ **Social Security Number**
2. ☐☐☐ **First 3 letters of Last Name**
3. **BIRTH DATE** ☐☐☐☐☐☐ mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SECTION II: HOSPITAL CERTIFICATION OF CLINICAL TRAINING (Please Print or Type)

This is to certify that _____,
Student's Name

a student of _____,
Medical School

participated in a clerkship offered by _____
Hospital Name

_____
Address

from _____ 19_____ through _____ 19 _____ in the clinical area
Date Date

of _____ and that the
CLinical Area

above named student successfully completed this clerkship on _____. The hospital
Date

☐ does or ☐ does not have an approved residency program in this clinical area. **If this student did not successfully complete the clerkship, please attach a letter of explanation with this form.** This clerkship conforms to provisions of statute and regulations in

_____ at time clerkship was completed.
State

I am the director of medical education or departmental chief of the clinical area of the clerkship indicated, I have carefully read and completed this form and hereby attest that the statements made herein are true in every respect and are supported by hospital records.

Signature of Director/Chief _____ Date _____

Print Name of Director/Chief _____

Print Title _____

December 1989

• **RETURN TO: Division of Professional Licensing Services, Medical Unit, Cultural Education Center, Albany, New York 12230**

FORM 2PGT
MEDICINE

ALL CANDIDATES MUST COMPLETE THIS FORM.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

CERTIFICATION OF APPROVED POSTGRADUATE TRAINING

Any certification signed and submitted earlier then one month prior to the completion of the training period will be returned to the hospital by the division without processing.

CANDIDATE INSTRUCTION

1. **Complete Section I. Enter your name as it appears on your Application. (Form 1)**
2. **Please send this form to the director of medical education of the hospital(s) in which you completed postgraduate training. One form must be submitted to verify each residency.**
3. **If you have completed more than 3 residencies, you may have the director of medical education complete a photocopy of the form.**
4. **This form must be sent directly to this office by the hospital in which you did your residency. If the hospital in which you did your residency does not have a director of medical education, the forms may be completed by the department chief. If the Department cannot determine that this verification came directly from the Hospital, the post graduate hospital training will not be credited.**

SECTION I: CANDIDATE INFORMATION

1. ☐☐☐–☐☐–☐☐☐☐ **Social Security Number**

2. ☐☐☐ **First 3 letters of Last Name**

3. **BIRTH DATE** ☐☐ ☐☐ ☐☐ mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

SECTION II: CERTIFICATION OF POSTGRADUATE TRAINING

This is to certify that _____ (Physician's Name) _____,

a graduate of _____ (Medical School)

was enrolled in a residency training program approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association at _____ (Name of Hospital)

_____ (Location of Hospital)

from _____ (Date) 19_____ thru _____ (Date) 19_____ in the clinical area of

_____ (Clinical Area) and that the

above named physician successfully completed this training on_____ (Date).

December 1989

• COMPLETE OTHER SIDE •

If this physician did not successfully complete the postgraduate training program, please attach a letter of explanation with this form.

I am the director of medical education or departmental chief of the clinical area. I was the program director for the physician named above during the postgraduate training indicated and have carefully read and completed this form and hereby attest that the statements made herein are strictly true in every respect and are supported by hospital records.

Signature of Director/Chief _____ Date _____

Print Name of Director/Chief _____

Print Title _____ Telephone Number: _____

- **RETURN TO: Division of Professional Licensing Services, Medical Unit, Cultural Education Center, Albany, New York 12230**

FORM 3
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

FOR ENDORSEMENT CANDIDATES ONLY

CERTIFICATION OF MEDICAL LICENSURE IN ANOTHER JURISDICTION

CANDIDATE INSTRUCTION

1. **Complete Section I. Enter your name as it appears on your Application. (Form 1)**
2. **Send this form to the appropriate state or territory, as instructed in the "Licensure Requirements.' Be sure to include any fee required.**

SECTION I: CANDIDATE INFORMATION

1. ☐☐☐ – ☐☐ – ☐☐☐☐ **Social Security Number**
2. ☐☐☐ **First 3 letters of Last Name**
3. **BIRTH DATE** ☐☐ ☐☐ ☐☐ mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last ☐☐☐☐

5. Please specify the state or national medical examinations successfully completed by the candidate_____

_____

A. If the candidate was licensed in your state by a state constructed examination, please complete the following (list the exam subjects in chronologic order):

Name of Examination and List of Subject Areas	Date	Grade	Minimum Passing Grade

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of professional licensure of the individual named on this form.

Signature_____

Title_____

Agency_____

(State Board Seal)

Address_____

_____

Date_____

- **RETURN TO: Division of Professional Licensing Services, Medical Unit, Cultural Education Center, Albany, New York 12230.**

FORM 4
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

FOR ENDORSEMENT CANDIDATES ONLY

VERIFICATION OF PROFESSIONAL MEDICAL PRACTICE IN ANOTHER JURISDICTION

1. ☐☐☐–☐☐–☐☐☐☐ **Social Security Number**

2. ☐☐☐ **First 3 letters of Last Name**

3. **BIRTH DATE** ☐☐ mo. ☐☐ day ☐☐ yr.

4. Print Full Name _____
as it appears in the application (Form 1)

Affiant Instructions: A physician licensed in good standing in the state where candidate is licensed is to complete the statement below.

(A) I know him/her to be of good moral character, and recommend him/her to the Department as entirely worthy to be licensed to practice medicine in the State of New York.

(B) I have been personally acquainted with the above named candidate for _____ years.

(C) I know that said candidate has had _____ years of satisfactory professional experience following medical licensure. Complete chart below:

Date		Address
From	To	

Under penalty of perjury, I declare and affirm that the statement above is true, complete and correct.

_____ (Signature) _____ Date

_____ (Print Name as it appears on your License

_____ License No. _____ State

Address: _____

_____

- **RETURN TO: Division of Professional Licensing Services, Medical Unit, Cultural Education Center, Albany, New York 12230.**

December 1989

BEST COPY AVAILABLE

FORM 5
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

LIMITED PERMIT CANDIDATES MUST COMPLETE THIS FORM.

APPLICATION FOR LIMITED PERMIT IN MEDICINE

Department Use Only

6 0

☐ 1 0 5 P R

☐ ☐☐☐ ☐☐ ☐

1. **See "Licensure Requirements" for instructions and fees.**
2. **If you have filed an application for licensure, you need only submit the Form 5 for a Limited Permit. Complete Sections I & III. Enter your name as it appears on your Application (Form 1). Employer *must* complete Section II.**
3. **If you have not filed an application for medical licensure, you *must* also submit the Form 2, either the 2A or 2N, the 2CT and 2PGT.**

- Allow 30 days for processing of your permit application. Permit applications cannot be approved until all required documents have been received. The candidate may not begin working until limited permit is issued.

Approved
Rejected_____

Date:_____

Permit No._____

Issued_____

Expires_____

SECTION I: Candidate Information

1. ☐☐☐ – ☐☐ – ☐☐☐☐ Social Security Number
2. ☐☐☐ First 3 letters of Last Name
3. BIRTH DATE ☐☐ mo. ☐☐ day ☐☐ yr.

4. PRINT FULL NAME
   Last ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   First ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   Middle ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. ADDRESS
   Street ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   State ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ZIP Code ☐☐☐☐☐

6. TELEPHONE
   At work ☐☐☐ area code – ☐☐☐☐☐☐☐ number
   At home ☐☐☐ area code – ☐☐☐☐☐☐☐ number

7. I am applying for:
   ☐ **ORIGINAL PERMIT**
   ☐ **RENEWAL OF ORIGINAL PERMIT**
   LIMITED PERMIT # _____

8. Have you ever been convicted of a crime (felony or misdemeanor) in any state or country? ☐ Yes ☐ No
9. Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than by acquittal or dismissal? ☐ Yes ☐ No
10. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? ☐ Yes ☐ No
11. Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? ☐ Yes ☐ No
12. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? ☐ Yes ☐ No
    - If the answer to questions 8–12 is "Yes," submit a letter giving a complete explanation as applicable, also include copies of your court records and a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."
13. _____ (Print Name of Professional School) _____ (Date Degree was Awarded)
14. Have you applied for a New York State medical license? ☐ Yes ☐ No
    or
15. Do you intend to apply for a New York State medical License? ☐ Yes ☐ No

NEW YORK STATE DEPARTMENT OF HEALTH STATE HOSPITAL CODE SECTION 405.7(e)(1)(2); TITLE 10 RULES AND REGULATIONS

See "Licensure Requirements", Section VII (Limited Permits) of this handbook. Section 405.7(e)(1)(2) of the State Hospital Code (Title 10, New York Code, Rules and Regulations) established additional requirements for practice by foreign medical school graduates with limited permits.

Please be sure you have read these requirements carefully before completing the Limited Permit Application.

Questions about this requirement may be directed to Bureau of Hospital Services, Office of Health System Management, New York Health Department (518) 474-5013.

December 1989

SEE REVERSE SIDE FOR EMPLOYER'S CERTIFICATION FOR LIMITED PERMIT.

16. RENEWALS OF ORIGINAL PERMITS

A. Section 60.6 of the Commissioner's Regulations provides that the Department MAY renew limited permits in medicine when the candidate has provided, "satisfactory evidence of personal or family illness or extenuating circumstances preventing the candidate from taking the licensing examination, or satisfactory performance on a significant part of the New York State licensing examination in medicine, provided that such permit shall not be renewed for more than 24 months."

B. Accordingly, please provide the basis of your request for renewal of your original permit:

_____

_____

_____

SECTION II: EMPLOYER CERTIFICATION

1. I hereby certify that I am the administrator or appointing officer of:

_____

_____
(Official Name & Address of Hospital)

2. Which is a:

☐ General Hospital as defined below*

☐ State-operated psychiatric, developmental, or alcohol treatment center.

☐ Incorporated, non-profit institution for the treatment of the chronically ill.

☐ Nursing Home

* According to Section 2801 (10) of the Public Health Law, "General Hospital means a hospital engaged in providing medical or medical and surgical services primarily to in-patients by or under the supervision of a physician on a twenty-four hour basis with provisions for admission of treatment of persons in need of emergency care and with an organized medical staff and nursing services, including facilities providing services relating to particular diseases, injuries, conditions or deformities. The term general hospital shall not include a residential health care facility, public health center, diagnostic center, treatment center, out-patient lodge, dispensary and laboratory or central service facility serving more than one institution."

3. I certify that the physician named in this application is being appointed as a member of the staff of this hospital. The appointment is to be for _____ years as (Please check appropriate title and indicate field or specialty):
( ) Resident ( ) Assistant ( ) Fellow ( ) Staff Physician in _____
_____, under the supervision of a licensed physician in New York State.

_____ _____
Signature of Official Dated

_____ _____
Title of Official Telephone

SECTION III: CANDIDATE AFFIRMATION

• DO NOT STAPLE •

ATTACH PHOTOGRAPH NOT MORE THAN ONE YEAR OLD SECURELY IN THIS SPACE

Write signature on light portion of photograph not across features

Under penalties of prejury, I declare and affirm that the statements made in the foregoing application are true, complete and correct. Any false or misleading information in, or in connection with, any application may be cause for denial of permit and licensure.

CAUTION: ONCE LIMITED PERMITS ARE ISSUED, THEY MAY NOT BE ADJUSTED. YOU SHOULD BE CERTAIN YOU ARE READY TO BEGIN EMPLOYMENT WHEN YOU APPLY FOR THE LIMITED PERMIT.

_____
Signature of Candidate

_____ _____
Date of Photograph Date

Important: **Do not send cash.** Please make check or money order payable to the New York State Education Department. Mail form 5 and $105 fee to: Fee Section, Division of Professional Licensing Services, State Education Department, Cultural Education Center, Albany, New York 12230. **PLEASE NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency. Payments submitted in any other form will not be accepted and will be returned.**

(c) The application shall be in such form and shall contain such substance as is acceptable to the executive director of the Office of Professional Discipline or the director's designee.

(d) In the event an application is not granted by the Board of Regents, nothing contained therein shall be binding upon the licensee or construed to be an admission of any act of misconduct alleged or charged, and such application shall not be used against the licensee in any way. Any such application shall be kept in strict confidence during the pendency of the disciplinary proceeding. In addition, such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

(e) In the event the Board of Regents grants the application, the Commissioner of Education shall issue an order in accordance therewith.

17.6 Surrender of license. Disciplinary proceedings conducted pursuant to the provisions of title VIII of the Education Law may be disposed of in accordance with the following procedure:

(a) A licensee who is under investigation or against whom charges have been voted, who wishes to surrender his or her license to practice any of the professions enumerated in title VIII, shall notify the executive director of the Office of Professional Discipline or that officer's designee.

(b) An application to surrender a license shall be based upon a statement that the licensee admits guilt to at least one of the acts of misconduct alleged or charged, in full satisfaction of all allegations or charges, or does not contest the allegations or charges, or cannot successfully defend against at least one of the acts of misconduct alleged or charged. If the executive director or the director designee, a designated member of the State Board for the applicable profession, and the licensee agree to such statement, and if a designated member of the Board of Regents thereafter agrees to such statement, a written application, signed by the licensee, shall be submitted to the Board of Regents. The application shall be in such form and shall contain such substance as is acceptable to the executive director of the Office of Professional Discipline or the director's designee. The provisions of this section shall also apply to licensees and registrants subject to section 230 of the Public Health Law and to article 137 of the Education Law. With respect to licensees subject to section 230 of the Public Health Law, the agreement of the director of the Office of Professional Medical Conduct or that officer's designee and the Commissioner of Health or his or her designee to the statement, and their signature on the application, shall be required in lieu of the agreement and signature of the executive director of the Office of Professional Discipline. With respect to licensees subject to the provisions of section 230 of the Public Health Law, the term State Board as used in this section means the State Board for Professional Medical Conduct. With respect to licensees and registrants subject to article 137 of the Education Law, the agreement of the executive secretary of the State Board of Pharmacy to the statement and his or her signature on the application shall also be required.

(c) In the event the application is not granted by the Board of Regents, nothing contained therein shall be binding upon the licensee or construed to be an admission of any act of misconduct alleged or charged, and such application shall not be used against the licensee in any way. The application shall be kept in strict confidence during the pendency of the disciplinary proceeding. In addition, any such denial by the Board of Regents shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

(d) In the event the Board of Regents grants the application, the Commissioner of Education shall issue an order in accordance therewith. The order shall include a provision that the licensee may not apply for the restoration of the license affected by the granted application until at least one year has elapsed from the effective date of such order.

17.7 Violation of probation. (a) Upon the receipt of information indicating that the respondent may be in violation of any of the terms or conditions of respondent's probation, the department shall conduct an investigation.

(b) The executive director of the Office of Professional Discipline shall review the results of the investigation and if the executive director determines that a violation of probation proceeding is warranted, the executive director shall give notice to the respondent, by letter, of the facts forming the basis of the alleged violation of respondent's probation. The respondent, in said letter, shall be requested to indicate whether there is any dispute as to the facts, and shall be informed that if respondent disputes any of the facts the respondent shall be entitled to a hearing thereon.

(c) If the respondent does not dispute the facts forming the basis of the alleged violation of probation, the matter shall be submitted to the Regents Review Committee for its review and recommendation(s) as to whether, based

upon the undisputed facts, there has been a violation of the terms or conditions of respondent's probation and, if so, as to the measure of discipline to be imposed upon the respondent.

(d) If the respondent disputes any of the facts forming the basis of the alleged violation of probation, the respondent shall be afforded a hearing before a hearing officer appointed by the commissioner to hear and make findings of fact, conclusions of law and recommendation(s). The department shall give the respondent at least 10 days' notice of the hearing, 15 if by mail. The evidence in support of the application shall be presented by counsel on behalf of the department and the respondent shall also have the right to be represented by counsel. The department and the respondent have the right to produce witnesses and other evidence, to cross-examine witnesses, and to examine any other evidence produced at the hearing. A stenographic record of the hearing will be made, and the hearing officer shall not be bound by the rules of evidence, but the findings of fact and conclusions of law of the hearing officer shall be based upon substantial evidence.

(e) The report of the hearing officer shall be reviewed by the Regents Review Committee.

(f) The Regents Review Committee shall notify the respondent, at least seven days before its meeting, of the time and place of such meeting, and shall also notify the respondent of the opportunity to appear in person and to be represented by counsel at such meeting.

(g) The Regents Review Committee shall transmit the report of the hearing officer and a written report of its review to the Board of Regents. The final determination shall be made by the Board of Regents, and the commissioner shall issue an order implementing such determination.

(h) The measure of discipline to be imposed for any violation of probation may be to continue the respondent on probation for a period in addition to the period of probation imposed in the original order, or to terminate the probation, vacate the stay of execution, and impose any measure of discipline authorized by section 6511 of the Education Law. A violation of probation shall constitute unprofessional conduct, and may constitute the basis for proceedings under either the provisions of section 6510 of the Education Law or of this Part.

17.8 Hearing panel; administrative officers. Findings of fact, recommendations as to penalties to be imposed, and any other actions taken by a hearing panel in disciplinary proceedings, except as hereinafter set forth, shall be made by majority vote. Any determination of guilt shall require a minimum of a four fifths vote of the hearing panel. An administrative officer, admitted to practice as an attorney in the State of New York, shall rule on all motions, procedures and other legal objections, and draft a report which shall reflect the determination and recommendation of the panel and be subject to the approval of and signature by the panel chairperson on behalf of the panel. The administrative officer shall not be entitled to a vote.

17.9 Summary suspensions. (a) If the executive director of the Office of Professional Discipline or that officer's designee believes that the public health, safety or welfare imperatively requires emergency action against a professional license, certificate, registration, permit or other authorization of the licensee to practice under title VIII of the Education Law, the executive director or the director's designee may make an application, on behalf of the department, to the Board of Regents for the summary suspension of said authorization pending the prompt institution prosecution and completion of formal disciplinary proceedings as provided under section 6510 of the Education Law.

(b) Summary suspension proceedings shall be commenced by the service on the licensee of a notice of hearing and a verified petition. The notice of hearing shall state the time and place of oral argument on the application for summary suspension and the regent designated by the chancellor to hear the matter, and shall include a copy of this rule. The notice of hearing and petition shall be personally served upon the licensee no later than five days prior to the date set for oral argument. If personal service cannot be made after due diligence, the notice of hearing and petition may be served by certified mail, to the licensee's last known address, not less than eight days prior to the date set for oral argument. The petition shall set forth the basis for the application and shall include sworn statements upon personal knowledge and/or exhibits demonstrating probable cause to believe that respondent has committed professional misconduct and that the public health, safety or welfare imperatively requires emergency action to summarily suspend respondent's license. A verified answer and any sworn statements and supporting exhibits may be served by respondent upon the executive director of the Office of Professional Discipline or that officer's designee no later than two days prior to the date set for oral argument. The executive director or designee may serve a verified reply, together with any sworn statement and supporting exhibits, to the answer no later than the day prior to the date of oral argument. The answer and/or reply may be served by certified mail by mailing to the addressee no later than three and two days, respectively, prior to the

date set for oral argument. The petition, answer and reply, together with any sworn statement and supporting exhibits, shall be transmitted at the time of service of each paper to the regent designated to hear the case. Saturdays, Sundays and legal holidays shall be excluded in calculating the periods of time set forth in this subdivision.

(c) At the oral argument, the Office of Professional Discipline and respondent and/or his or her attorney shall have the right to be heard, but no testimony shall be taken and no transcript of oral arguments shall be required. No further papers shall be submitted at the oral argument except by permission of the regent designated to conduct the proceeding.

(d) The regent designated by the chancellor to conduct the proceeding shall submit a written report of his or her conclusions and recommendation(s) to the Board of Regents, which shall determine whether to grant or deny the application for summary suspension. A determination by the Board of Regents granting the application must be based upon a finding that the public health, safety or welfare imperatively requires emergency action.

(e) Any determination of the Board of Regents shall be without prejudice to the department or licensee in any subsequent formal disciplinary proceeding.

PART 24
COMMITTEE ON THE PROFESSIONS

Section 24.1 The Committee on the Professions shall consist of three department officers designated by the Board of Regents pursuant to Section 6506 (10) of the Education Law.

24.2 Committee on the Professions shall review and make recommendations or determinations in licensing matters as provided in this Part or pursuant to referrals from the Board of Regents.

24.3 The Committee on the Professions shall review and determine questions of the preprofessional or professional education of applicants for licensure or other authorizations to practice in accordance with the following standards:

(a) Preprofessional education.

(1) The Committee on the Professions may accept graduation from a professional program which is either registered by the department or nationally accredited in lieu of a maximum of six semester hours of preprofessional education.

(2) The Committee on the Professions may accept postsecondary study satisfactory to the department and performed after completion of professional study requirements in lieu of a maximum of 30 semester hours of required preprofessional study.

(b) Professional education. As the equivalent of a professional program registered by the department, the Committee on the Professions may accept a professional program which is:

(1) offered by an institution accredited by an accrediting organization acceptable to the department or recognized by appropriate civil authorities of the country in which the school is located as an acceptable program of preparation for professional practice;

(2) designed and conducted by the degree-granting institution to prepare graduates for the professional practice of the profession in the State or country in which the institution is located; and

(3) demonstrated to be the substantial equivalent in scope, content and resources to a program meeting the requirements established by Part 52 of this Title for the registration of a professional licensure qualifying program in the State.

24.4 The Committee on the Professions may review and determine appeals for licensing determinations of the department staff relating to education or experience requirements if the chairman of the committee determines that the appeal involves a substantial or novel question which should be reviewed by the committee.

24.5 The Committee on the Professions shall review and determine appeals pursuant to section 18.7 of this Title relating to the voluntary surrender and restoration of licenses.

24.6 The Committee on the Professions shall review and determine questions of moral character in accordance with the provisions of Part 28 of this Title.

24.7 The Committee on the Professions shall review and submit its recommendation to the Board of Regents for final determinations in the following cases:

(a) applications pursuant to Education Law, section 6506 (5) for the waiver of an education, experience or examination requirement on the ground that the requirement has been substantially met, and

(b) petitions for restoration of a professional license which has been revoked or surrendered pursuant to Education Law, sections 6510 or 6510-a. At least one year shall have elapsed from the date of service of the order of revocation, acceptance of surrender, or denial of a prior application for restoration or reinstatement by vote of the Board of Regents, for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law section 6510-b or Public Health Law section 230(13).

(1) Materials submitted in response to the Committee on the Professions' recommendation to the Board of Regents shall be filed no later than 15 days following the postmarked date of the written notification of the decision or recommendation of the Committee on the Professions.

(2) If an applicant has failed to remain current with developments in the profession, and a substantial question is presented as to the applicant's current fitness to enter into the active practice of the profession, the Board of Regents may require that the applicant take and obtain satisfactory grades on a proficiency examination satisfactory to the department prior to the issuance of a license or limited permit.

24.8 Reconsideration. An application for reconsideration of a determination made by the Committee on the Professions or by the Board of Regents following a Committee on the Professions recommendation may be accepted upon a showing that the original action was based on an error of law, or that there is new and material evidence which was not previously available, or that circumstances have changed subsequent to the original determination.

PART 28
DETERMINATION OF GOOD MORAL CHARACTER IN THE PROFESSIONS

Section 28.1 Determination of good moral character
28.2 Information
28.3 Investigation
28.4 Review
28.5 Hearing
28.6 Appeal
28.7 Reapplication
28.8 Proficiency examination

Section 28.1 Determination of good moral character. The determination of whether an applicant for authorization to practice a profession, under title VIII of the Education Law, is of good moral character shall be made in accordance with the procedures specified in this Part.

28.2 Information. All information indicating that an applicant has been convicted of a crime, or has committed an act which raises a reasonable question as to the applicant's moral character, shall be referred to the executive director of the Office of Professional Discipline or his or her designee.

28.3 Investigation. The executive director of the Office of Professional Discipline, or his or hr designee, shall arrange for a full and complete investigation of the circumstances surrounding such conviction or act. If it is determined that a reasonable question exists as to the applicant's moral character, then the executive director, or his or her designee, shall submit the results of the investigation, including any letters of reference from peers or others which may have been submitted by the applicant, to a panel of the appropriate professional State Board for its review. The panel shall consist of three or more members of the State Board.

28.4 Review. Upon such review, the panel, by majority vote, may conclude in favor of the applicant to the effect that the moral character of the applicant is adequate for licensure, thereby fulfilling that licensure requirement, and the applicant and the director of the Division of Professional Licensing Services shall be notified of such conclusion by the Office of Professional Discipline. If, upon such review, the panel concludes, by a majority vote, that a substantial question exists as to the moral character of the applicant, the applicant shall be notified thereof. Upon the written request of the applicant, within 30 days after receipt of such notice, the department shall schedule a hearing on such question.

28.5 Hearing. The applicant shall be given 15 days' notice, by mail, of the time and place of the hearing and a statement of the matters asserted which raised the question of the applicant's moral character. The applicant may be represented at the hearing by an attorney, may cross-examine witnesses, may produce witnesses, and may present evidence in support of the applicant's good moral character. The hearing, at which a verbatim record shall be taken, shall take place before a panel consisting of three or more members of the appropriate professional State Board, and before an administrative officer admitted to practice as an attorney in the State of New York, designated by the department. Such administrative officer shall have authority to rule on all motions, procedures and other legal objections, but shall not be entitled to vote in the determination of the panel. The determination of the panel shall be made by a majority vote of the panel and shall be rendered in a written report which shall be drafted by the administrative officer, shall reflect the determination and recommendations of the panel, and shall be subject to the approval of and signature by the panel chairperson on behalf of the panel. Copies of the report shall be forwarded to the director of the Division of Professional Licensing Services and to the applicant.

28.6 Appeal. The applicant or the executive director of the Office of Professional Discipline may appeal the determination of the panel concerning the licensure requirement of good moral character by filing a written notice of appeal therefrom with the Committee on the Professions within 30 days after service of the report of the panel upon the party taking the appeal. In the event no appeal is taken from the determination of the panel, the determination of the panel shall be final. In the event either party appeals from the determination of the panel, the appellant may submit a brief to the Committee on the Professions and the opposing party within 30 days after filing the notice of appeal. An answering brief may be

filed by the opposing party with the Committee on the Professions within 20 days after the receipt by the opposing party of the brief submitted by the appellant. The Committee on the Professions may affirm, reverse or modify the determination of the panel and/or make such other determination as it may deem just and proper under the circumstances. The determination of the Committee on the Professions shall be final and copies thereof shall be forwarded to the applicant and to the executive director of the Office of Professional Discipline.

28.7 Reapplication. Whether or not the applicant appeals from the determination of the panel, the applicant may reapply for licensure to the director of the Division of Professional Licensing Services after the expiration of 18 months from the date of service of the report of the panel.

28.8 Proficiency examination. If the Committee on the Professions determines that the applicant otherwise meets the moral character requirements, but has failed to remain current with developments in the profession, and a substantial question is presented as to the applicant's current fitness to enter into the active practice of the profession, the Committee on the Professions may require that the applicant take and obtain satisfactory grades on a proficiency examination satisfactory to the department prior to the issuance of a license or limited permit.

RULES OF THE BOARD OF REGENTS
ON UNPROFESSIONAL CONDUCT
Section 29.1
GENERAL PROVISIONS FOR ALL PROFESSIONS

(a) Unprofessional conduct shall be the conduct prohibited by this section. The provisions of these rules applicable to a particular profession may define additional acts or omissions as unprofessional conduct and may establish exceptions to these general prohibitions.

(b) Unprofessional conduct in the practice of any profession licensed or certified pursuant to title VIII of the Education Law shall include:

(1) willful or grossly negligent failure to comply with substantial provisions of Federal, State or local laws, rules or regulations governing the practice of the profession;

(2) exercising undue influence on the patient or client, including the promotion of the sale of services, goods, appliances or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or of a third party;

(3) directly or indirectly offering, giving, soliciting, or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient or client or in connection with the performance of professional services;

(4) permitting any person to share in the fees for professional services, other than: a partner, employee, associate in a professional firm or corporation, professional subcontractor or consultant authorized to practice the same profession, or a legally authorized trainee practicing under the supervision of a licensed practitioner. This prohibition shall include any arrangement or agreement whereby the amount received in payment for furnishing space, facilities, equipment or personnel services used by a professional licensee constitutes a percentage of, or is otherwise dependent upon, the income or receipts of the licensee from such practice, except as otherwise provided by law with respect to a facility licensed pursuant to article 28 of the Public Health Law or article 13 of the Mental Hygiene Law;

(5) conduct in the practice of a profession which evidences moral unfitness to practice the profession;

(6) willfully making or filing a false report, or failing to file a report required by law or by the Education Department, or willfully impeding or obstructing such filing, or inducing another person to do so;

(7) failing to make available to a patient or client, upon request, copies of documents in the possession or under the control of the licensee which have been prepared for and paid for by the patient or client;

(8) revealing of personally identifiable facts, data or information obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law;

(9) practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform, or performing without adequate supervision professional services which the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;

(10) delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience or by licensure, to perform them;

(11) performing professional services which have not been duly authorized by the patient or client or his or her legal representative;

(12) advertising or soliciting for patronage that is not in the public interest:

(i) Advertising or soliciting not in the public interest shall include but not be limited to advertising or soliciting that:

(a) is false, fraudulent, deceptive, misleading, sensational or flam boyant;
(b) represents intimidation or undue pressure;
(c) uses testimonials;
(d) guarantees any service;

(e) makes any claim relating to professional services or products or the cost or price therefor which cannot be substantiated by the licensee, who shall have the burden of proof;

(f) makes claims of professional superiority which cannot be sub stantiated by the licensee, who shall have the burden of proof;

(g) offers bonuses or inducements in any form other than a discount or reduction in an established fee or price for a professional service or product;

(ii) The following shall be deemed appropriate means of informing the public of the availability of professional services:

(a) informational advertising not contrary to the foregoing prohibitions; and

(b) the advertising in a newspaper, periodical or professional directory or on radio or television of fixed prices, or a stated range of prices, for specified routine professional services, provided that there is an additional charge for related services which are an integral part of the overall service being provided by the licensee and the advertisement shall so state, and provided further that the advertisement indicates the period of time for which the advertised prices shall be in effect;

(iii) (a) all licensees placing advertisements shall maintain, or cause to be maintained, an exact copy of each advertisement, transcript, or videotape thereof as appropriate for the medium used, for a period of one year after its last appearance. This copy shall be made available for inspection upon demand of the Education Department or in the case of physicians, physician's and specialist's assistants, the Department of Health;

(b) a licensee shall not compensate or give anything of value to representatives of the press, radio, television or other communications media in anticipation of or in return for professional publicity in a news item;

(iv) No demonstrations, dramatizations or other portrayals of professional practice shall be permitted in advertising on radio or television;

(13) failing to respond within 30 days to written communications from the Education Department or the Department of Health and to make available any relevant records with respect to an inquiry or complaint about the licensee's unprofessional conduct. The period of 30 days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from either department by registered or certified mail, with return receipt requested, to the address appearing in the last registration the period of 30 days shall commence on the date of delivery to the licensee, as indicated by the return receipt.

(14) violating any term of probation or condition or limitation imposed on the licensee by the Board of Regents pursuant to Education Law section 6511.

Section 29.2
GENERAL PROVISIONS FOR HEALTH PROFESSIONS

(a) Unprofessional conduct shall also include, in the professions of:

medicine
acupuncture
physical therapy
physician's assistant
specialist's assistant
chiropractic
dentistry
dental hygiene
pharmacy
podiatry
optometry
ophthalmic dispensing
psychology
social work
massage
occupational therapy
speech-language pathology
audiology
nursing
(registered professional nurse, licensed practical nurse):

(1) abandoning or neglecting a patient or client under and in need of immediate professional care, without making reasonable arrangements for the continuation of such care, or abandoning a professional employment by a group practice, hospital, clinic or other health care facility, without reasonable notice and under circumstances which seriously impair the delivery of professional care to patients or clients;

(2) willfully harassing, abusing or intimidating a patient either physically or verbally;

(3) failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. Unless otherwise provided by law, all patient records must be retained for at least six years. Obstetrical records and records of minor patients must be retained for at least six years, and until one year after the minor patient reaches the age of 21 years;

(4) using the word "Doctor" in offering to perform professional services without also including the profession in which the licensee holds a doctorate;

(5) failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;

(6) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(7) ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient;

(8) claiming or using any secret or special method of treatment which the licensee refuses to divulge to the State Board for the profession;

(9) failing to wear an identifying badge, which shall be conspicuously displayed and legible, indicating the practitioner's name and professional title authorized pursuant to the Education Law, while practicing as an employee or operator of a hospital, clinic, group practice or multiprofessional facility, or at a commercial establishment offering health services to the public;

(10) entering into an arrangement with the pharmacy for the compounding and/or dispensing of coded or specially marked prescriptions;

(11) with respect to all professional practices conducted under an assumed name, other than facilities licensed pursuant to article 28 of the Public Health Law or article 13 of the Mental Hygiene Law, failing to post conspicuously at the site of such practice the names and licensure field of all of the principal professional licensees engaged in practice at that site (i.e., principal partners, officers or principal shareholders).

(b) Unprofessional conduct shall also include, in those professions specified in section 18 of the Public Health Law and in the professions of acupuncture and massage, failing to provide access by qualified persons to patient information in accordance with the standards set forth in section 18 of the Public Health Law. In the professions of acupuncture and massage, qualified persons may appeal the denial of access to patient information in the manner set forth in section 18 of the Public Health Law to a record access committee appointed by the executive secretary of the appropriate State Board. Such record access review committees shall consist of not less than three nor more than five members of the appropriate State Board.

Section 29.4

SPECIAL PROVISIONS FOR THE PROFESSION OF MEDICINE

(a) Unprofessional conduct in the practice of medicine shall include all conduct prohibited by sections 29.1 and 29.2 of this Part except as provided in this section, and shall also include the following:

(1) knowingly or willfully performing a complete or partial autopsy on a deceased person without lawful authority;

(2) failing to comply with a signed agreement to practice medicine in New York State in an area designated by the Commissioner of Education as having a shortage of physicians or refusing to repay medical education costs in lieu of such required service, or failing to comply with any provision of a written agreement with the State or any municipality within which the licensee has agreed to provide medical service, or refusing to repay funds in lieu of such service as consideration of awards made by the State or any municipality thereof for his or her professional education in medicine, or failing to comply, with any agreement entered into to aid his or her medical education;

(3) a physician who prescribes or dispenses lenses or frames for the correction of vision shall be subject to the provisions of sections 29.8 and 29.9 of this Part relating to unprofessional conduct in optometry and/or ophthalmic dispensing;

(4) in the conduct of psychological research, failing to undertake reasonable efforts to remove the possible harmful aftereffects of emotional stress as soon as the design of the research permits, or failing to inform prospective research subjects or their authorized representatives fully of the danger of serious aftereffects, if such danger exists, before they are utilized as research subjects;

(5) in the interpretation of the provisions of section 29.1(b)(5) of this Part and in the treatment of sexual dysfunction as well as in other areas of the practice of psychiatry:

(i) immoral conduct shall include any physical contact of a sexual nature between physician and patient; but immoral conduct shall not include the use of films and/or other audiovisual aids with individuals or groups in the development of appropriate responses to overcome sexual dysfunction;

(ii) in therapy groups, immoral conduct shall include activities which promote explicit physicial sexual contact between group members during session.

NEW YORK STATE INSURANCE LAW
FREEDOM OF CHOICE INSURANCE LEGISLATION

§4235(f)(4). Notwithstanding any provisions of a policy of group accident, group health or group accident and health insurance, whenever such policy provides for reimbursement for:

(E) psychiatric or psychological services or for the diagnosis and treatment of mental, nervous, or emotional disorders or ailments, however defined in such policy, a subscriber to such policy shall be entitled to reimbursement for such psychiatric or psychological services or diagnosis or treatment whether performed by a physician, psychiatrist or a certified and registered psychologist when the services rendered are within the lawful scope of their practice, and when such policy or any certificate issued thereunder is delivered or issued for delivery without this state by an authorized insurer, covered persons residing in this state shall be entitled to reimbursement for such diagnosis and treatment by a physician, psychiatrist or a certified and registered psychologist as hereinabove provided.

§4301. Organization of corporation; purposes; board of directors

(a) A corporation may be organized under the not-for-profit corporation law, and a consumers' cooperative stock corporation may be organized under article two of the cooperative corporations law, for the purpose of furnishing medical expense indemnity, dental expense indemnity, hospital service, or health service or, upon compliance with the applicable provisions of subsection (h) of this section, both medical expense indemnity and hospital service, to persons who become covered under contracts with such corporations.

(b) (1) Medical expense indemnity shall consist of reimbursement for:

(A) medical care provided through licensed physicians,

(B) dental care provided through licensed dentists,

(C) optometric care provided through licensed optometrists,

(D) podiatrical care provided through licensed podiatrists,

(E) chiropractic care provided through licensed chiropractors,

(F) psychiatric or psychological services provided through physicians, psychiatrists or certified and registered psychologists,

(G) physical therapy care provided through licensed physical therapists upon the prescription of a physician,

(H) nursing service,

(I) necessary appliances, drugs, medicines and supplies, and

(J) bio-analytical or clinical laboratory examinations and reports thereof reported to a physician, osteopath, dentist, optometrist, podiatrist, chiropractor or physical therapist made by any privately operated bioanalytical or clinical laboratory.

(2) It is not mandatory that a contract issued by a medical expense indemnity corporation provide for and offer all of the services hereinabove described, but when any service is provided which can be perfomed by more than one of the practitioners hereinbefore referred to, benefits under the contract shall be provided regardless of which practitioner performed the service, provided that the performance of such service was within the scope of the license of such practitioner. Unless such contract shall otherwise provide there shall be no reimbursement for ophthalmic materials, lenses, spectacles, eyeglasses, and/or appurtenances thereto.

(3) Every medical expense indemnity corporation shall be open to the participation of licensed physicians, podiatrists, chiropractors, optometrists, physical therapists and dentists, certified and registered psychologists without discrimination against schools of medical practice, podiatry practice, chiropractic practice, optometric practice, physical therapy practice, dental practice and psychological training as defined in the education law.

(c) Dental expense indemnity shall consist of reimbursement for dental care provided through licensed dentists and of furnishing necessary appliances, drugs, medicines, and supplies, prosthetic appliances, orthodontic appliances, precious metal and ceramic restorations.

(d) (1) Hospital service shall consist of in-patient hospital care and out-patient hospital care when such hospital care is provided through a hospital which is maintained by the state or any of its political subdivisions, or maintained by a corporation organized for hospital purposes under the laws of this state, or such other hospitals as shall be designated by the state department of health, and hospitals of other states subject to the supervision of such other state, convalescent care provided by any convalescent institution, or nursing care provided by any nursing home.

(2) A hospital service corporation may also provide reimbursement for expenses incurred outside of the hospital, convalescent institution or nursing home, for nursing service, necessary appliances, drugs, medicines, supplies, and any other services which would have been available in the hospital, convalescent institution or nursing home (excluding physicians' services), whether or not

provided through a hospital, convalescent institution or nursing home.

(3) A hospital service corporation may also furnish reimbursement for ambulance service expenses.

(e) (1) Health service, as used in this article, shall consist of the types of services referred to in this section.

(2) A health service corporation, in any hospital, facility or center directly operated by it may provide hospital or medical care to persons other than persons covered under contracts issued by such corporation.

(3) A health service corporation may:

(A) exercise all of the powers of a medical expense indemnity, dental expense indemnity and hospital service corporation;

(B) organize, manage and promote a health maintenance organization as such term is defined in article forty-four of the public health law;

(C) contract or otherwise act jointly with a hospital corporation organized under article twenty-eight of the public health law, a hospital service corporation organized pursuant to this article, a health maintenance organization possessing a certificate of authority pursuant to article forty-four of the public health law, a professional service corporation organized under article fifteen of the business corporation law or a partnership for the purpose of organizing, managing and promoting such prepaid comprehensive health services plan;

(D) contract or otherwise act jointly with an insurance company, authorized to do an accident and health insurance business in this state, for the purpose of organizing, managing and promoting such a health maintenance organization.

(4) A health service corporation engaged in providing medical care through medical groups, hospital services and dental care, may include as a component of its rate a sum of five per centum of such rate to be used for the purchase or construction of facilities for the conduct of its business, and for the implementation of its program, or for making loans for the purpose of implementing the program of such corporation.

(5) To encourage the development in this state of health maintenance organizations as such term is defined in article forty-four of the public health law, the superintendent may modify any requirement applicable to health service corporations and other corporations organized under this article to permit such corporations to make fuller use of their resources in the development of such plans, including the acquisition and construction of hospitals, medical service centers and other health facilities and the equipment therefor, subject to such limitations as the superintendent shall deem necessary or proper to ensure the performance of contracts issued by such corporations and to protect the interests of persons covered under such contracts.

(6) Any other corporation subject to the provisions of this article may by appropriate amendment to its certificate of incorporation become a health service corporation.

(f) No foreign or alien medical expense indemnity corporation, dental expense indemnity corporation, health service corporation, or hospital service corporation shall be authorized to do business in this state. No person, firm, association or corporation shall in this state furnish or contract to furnish medical expense indemnity, dental expense indemnity, hospital service or health service under any insurance plan unless authorized so to do under the provisions of this chapter.

(g) Two or more corporations organized pursuant to the provisions of this article may, upon compliance with the applicable provisions of article seventy-one of this chapter, consolidate, if the superintendent finds that such consolidation will promote the public interest. No corporation resulting from any such consolidation shall operate in any county in which none of the corporations so consolidated was empowered to operate immediately prior to such consolidation.

(h) A medical expense indemnity corporation or a hospital service corporation may, pursuant to a plan submitted to and approved by the superintendent, furnish both medical expense indemnity and hospital service benefits, as these are defined in subsections (b) and (d) of this section, by amending its certificate or act of incorporation in the manner provided in the applicable provisions of the not-for-profit corporation law and the cooperative corporations law. Except as the context otherwise requires, a corporation writing both medical expense indemnity and hospital service benefits shall be subject to all of the provisions of this

article applicable to medical expense indemnity and hospital service corporations.

(i) Subject to the provisions of the preceding subsections, a hospital service corporation and a medical expense indemnity corporation and a dental expense indemnity corporation or any two of such corporations may issue a combined contract providing for hospital service, medical expense indemnity or dental expense indemnity, but no one of such corporations shall issue any such combined contract unless it complies with the applicable provisions of subsection (h) hereof. A hospital service corporation and a medical expense indemnity corporation and a dental expense indemnity corporation or any two of such corporations may underwrite jointly in such a combined contract such benefits as each might otherwise individually provide under this article. Any one of such corporations may act as agent for the other without being required to obtain a license as an agent under article twenty-one of this chapter.

(j) No medical expense indemnity corporation, dental expense indemnity corporation, health service corporation, or hospital service corporation shall be converted into a corporation organized for pecuniary profit. Every such corporation shall be maintained and operated for the benefit of its members and subscribers as a co-operative corporation.

(k) (1) The board of directors of each health service, hospital service or medical expense indemnity corporation subject to this article shall be composed of persons who are representative of the member hospitals or licensed medical professionals of such corporation, persons covered under its contracts and the general public. Not more than one-quarter of the directors of any such corporation shall be persons who are licensed to practice medicine in this state (other than physicians employed on a full-time basis in the fields of public health, public welfare, medical research or medical education) or who are trustees, directors or employees of a corporation organized for hospital purposes, or any combination thereof. Of the directors not included in the classification set forth in the preceding sentence,

(A) one-half in number, as nearly as possible, shall be persons covered under a contract or contracts issued by such health service, hospital service or medical expense indemnity corporation, and who are generally representative of broad segments of such covered persons, and

(B) one-half in number, as nearly as possible, shall be persons whose background and experience indicate that they are qualified to act in the broad public interest, whether or not they are persons covered under a contract or contracts issued by such health service, hospital service or medical expense indemnity corporation.

(C) A person who, or whose spouse or minor child, is an officer, director, or owner of more than ten per centum of the stock of a corporation whose aggregate sales to hospitals and licensed medical professionals and to facilities of a health service, hospital service or medical expense indemnity corporation exceed five per centum of its total sales may not serve as a director under subparagraph (A) or (B) hereof.

(D) Each such health service, hospital service or medical expense indemnity corporation shall have an executive committee the members of which shall be composed, as nearly as possible, of representatives of any member hospitals or licensed medical professionals of such corporation, persons covered under its contracts and the general public in the same proportions as the membership of the board of directors.

(2) Compliance with the provisions of paragraph one hereof shall be under the supervision of the superintendent. Within ten days after a vacancy in the board of directors of a health service, hospital service or medical expense indemnity corporation shall occur, such corporation shall notify the superintendent in writing that such vacancy exists. Not more than ten days after the election of a person as a director of a health service, hospital service or medical expense indemnity corporation, such corporation shall furnish, in writing, the following information to the superintendent: the name and address of the person so elected; whether such person is representative of any member hospital or licensed medical professional of such corporation or persons covered under its contracts or the general public and qualified to serve pursuant to the provisions of paragraph one hereof; and a biographical statement concerning such person. If the superintendent finds, after a hearing, that the composition of the board of directors of a health service, hospital service or medical expense indemnity corporation is not in

compliance with the provisions of paragraph one hereof, he may direct that such board of directors be reconstituted in accordance with his findings.

(3) APPEALED

(4) No person who has served as a director of any corporation subject to this article for ten consecutive years shall thereafter be elected for an additional term of office as such until at least one year has elapsed since the expiration of his prior term of office.

(5) A director of a corporation subject to this article shall automatically forfeit his office if (i) he fails to attend at least one of the regular meetings of the board of directors held during any period of eighteen consecutive months, or (ii) unless excused by the board of directors of which he is a member, which action shall be entered on the minutes of such board, it shall appear at the end of any calendar year that he failed to attend at least one-half of the regular meetings of such board held in such calendar year. A director whose office becomes vacant pursuant to the provisions of this paragraph shall not be eligible for election to such office for a period of one year from the date the vacancy occurred.

§4504. Physician, dentist and nurse.

(a) Confidential information privileged. Unless the patient waives the privilege, a person authorized to practice medicine, registered professional nursing, licensed practical nursing or dentistry shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity, and which was necessary to enable him to act in that capacity. The relationship of a physician and patient shall exist between a medical corporation, as defined in article forty-four of the public health law, a professional service corporation organized under article fifteen of the business corporation law to practice medicine, and the patients to whom they respectively render professional medical services.

A patient who, for the purpose of obtaining insurance benefits, authorizes the disclosure of any such privileged communication to any person shall not be deemed to have waived the privilege created by this subdivision. For purposes of this subdivision:

1. "person" shall mean any individual, insurer or agent thereof, peer review committee, public or private corporation, political subdivision, government agency, department or bureau of the state, municipality, industry, co-partnership, association, firm, trust, estate or any other legal entity whatsoever; and

2. "insurance benefits" shall include payments under a self-insured plan.

(b) Identification by dentist; crime committed against patient under sixteen. A dentist shall be required to disclose information necessary for identification of a patient. A physician, dentist or nurse shall be required to disclose information indicating that a patient who is under the age of sixteen years has been the victim of a crime.

(c) Mental or physical condition of deceased patient. A physician or nurse shall be required to disclose any information as to the mental or physical condition of a deceased patient privileged under subdivision (a), except information which would tend to disgrace the memory of the decedent, either in the absence of an objection by a party to the litigation or when the privilege has been waived:

1. by the personal representative, or the surviving spouse, or the next of kin of the decedent; or

2. in any litigation where the interests of the personal representative are deemed by the trial judge to be adverse to those of the estate of the decedent, by any party in interest; or

3. if the validity of the will of the decedent is in question, by the executor named in the will, or the surviving spouse or any heir-at-law or any of the next of kin or any other party in interest.

(d) Proof of negligence; unauthorized practice of medicine. In any action for damages for personal injuries or death against a person not authorized to practice medicine under article 131 of the education law for any act or acts constituting the practice of medicine, when such act or acts were a competent producing proximate or contributing cause of such injuries or death, the fact that such person practiced medicine without being so authorized shall be deemed prima facie evidence of negligence.

§33.13 Clinical records; confidentiality.

(a) A clinical record for each patient or client shall be maintained at each facility licensed or operated by the office of mental health or the office of mental retardation and developmental disabilities, hereinafter referred to as the offices. The record shall contain information on all matters relating to the admission, legal status, care, and treatment of the patient or client and shall include all pertinent documents relating to the patient or client. The commissioners of such offices, by regulation, each shall determine the scope and method of recording information, including data pertaining to admission, legal matters affecting the patient or client, records and notation of course of care and treatment, therapies, restrictions on patient's or client's rights, periodic examinations, and such other information as he or she may require.

(b) The commissioners may require that statistical information about patients or clients be reported to the offices. Names of patients treated at out-patient or non-residential facilities, at hospitals licensed by the office of mental health and at general hospitals shall not be required as part of any such reports.

(c) Such information about patients or clients reported to the offices, including the identification of patients or clients, and clinical records or clinical information tending to identify patients or clients, at office facilities shall not be a public record and shall not be released by the offices or its facilities to any person or agency outside of the offices except as follows:

1. pursuant to an order of a court of record requiring disclosure upon a finding by the court that the interests of justice significantly outweigh the need for confidentiality, provided, however, that nothing herein shall be construed to affect existing rights of employees in disciplinary proceedings.
2. to the mental hygiene legal service.
3. to attorneys representing patients or clients in proceedings in which the patients' or clients' involuntary hospitalization is at issue.
4. to the commission on quality of care for the mentally disabled and any person or agency under contract with the commission which provides protection and advocacy services pursuant to the authorization of the commission to administer the protection and advocacy system as provided for by federal law.
5. to the medical review board of the state commission of correcton when such board has requested such information with respect to the death of a named person, or, with the consent of a patient or client when such board has requested information about the patient or client providing that such board requires such information in the exercise of its statutory functions, powers and duties. Information, books, records or data which are confidential as provided by law shall be kept confidential by the commission and any limitation on the release thereof imposed by law upon the party furnishing the information, books, records or data shall apply to the medical review board.
6. to an endangered individual and a law enforcement agency when a treating psychiatrist or psychologist has determined that a patient or client presents a serious and imminent danger to that individual. The reasons for any such disclosures shall be fully documented in the clinical record. Nothing in this paragraph shall be construed to impose an obligation upon a treating psychiatrist or psychologist to release information pursuant to this paragraph.
7. (See also par. 7 below.) with the consent of the patient or client or of someone authorized to act on the patient's or client's behalf, to persons and entities who have a demonstrable need for such information and who have obtained such consent, provided that disclosure will not reasonably be expected to be detrimental to the patient, client or another provided, however, that release of such information to a patient or client shall not be governed by this subdivision.
7. (See also par. 7 above.) to the state board for professional medical conduct or its representative when such board requests such information in the exercise of its statutory function, power and duties provided, however, that no such information shall be released when it concerns the sub-

ject of a board inquiry who is also a patient or client, except pursuant to paragraph one of this subdivision.

8. with the consent of the appropriate commissioner, to:

(i) governmental agencies, insurance companies licensed pursuant to the insurance law and other third parties requiring information necessary for payments to be made to or on behalf of patients or clients pursuant to contract or in accordance with law, such information to be kept confidential and limited to the information required.

(ii) persons and agencies needing information to locate missing persons or to governmental agencies in connection with criminal investigations, such information to be limited to identifying data concerning hospitalization.

(iii) qualified researchers upon the approval of the institutional review board or other committee specially constituted for the approval of research projects at the facility, provided that the researcher shall in no event disclose information tending to identify a patient or client.

(iv) a coroner or county medical examiner upon the request of a facility director that an investigation be conducted into the death of a patient or client for whom such record is maintained.

(v) appropriate persons and entities when necessary to prevent imminent serious harm to the patient or client or another person, provided, however, nothing in this subparagraph shall be construed to impose an obligation to release information pursuant to this subparagraph.

(vi) the state board for professional medical conduct or its representative when such board requests such information in the exercise of its statutory function, power and duties provided, however, that no such information shall be released when it concerns the subject of a board inquiry who is also a patient or client, except pursuant to paragraph one of this subdivision.

(vii) a district attorney when such request for information is in connection with and necessary to the furtherance of a criminal investigation of patient or client abuse.

9. to a correctional facility, when the chief administrative officer has requested such information with respect to a named inmate of such correctional facility as defined by subdivision three of section forty of the correction law or to the division of parole, when the division has requested such information with respect to, a person under its jurisdiction or an inmate of a state correctional facility, when such inmate is within two weeks of release from such institution to the jurisdiction of the division of parole. Information released pursuant to this paragraph may be limited to a summary of the record, including but not limited to: the basis for referral to the facility; the diagnosis upon admission and discharge; a diagnosis and description of the patient's or client's current mental condition; the current course of treatment, medication and therapies; and the facility's recommendation for future mental hygiene services, if any. Such information may be forwarded to the department of correctional services staff in need of such infomation for the purpose of making a determination regarding an inmate's health care, security, safety or ability to participate in programs. In the event an inmate is transferred, the sending correctional facility shall forward, upon request, such summaries to the chief administrative officer of any correctional facility to which the inmate is subsequently incarcerated. The office of mental health and the office of mental retardation and developmental disabilities, in consultation with the commission of correction and the division of parole, shall promulgate rules and regulations to implement the provisions of this paragraph.

10. to a qualified person pursuant to section 33.16 of this chapter.

11. to a director of community services as defined in article nine of this chapter or his designee, provided that such director or his designee requests such information in the exercise of his statutory functions, powers and duties pursuant to section 9.37, 9.45 or 41.13 of this chapter.

(d) Nothing in this section shall prevent the exchange of information concerning patients or clients, including identification, between (i) facilities or others providing services for such patients or clients pursuant to an approved local or unified services plan, as defined in article forty-one, or pursuant to agreement with the department and (ii) the department or any of its facilities. Information so exchanged shall be kept confidential and any limita-

tions on the release of such information imposed on the party giving the information shall apply to the party receiving the information.

(e) Clinical information tending to identify patients or clients and clinical records maintained at a facility not operated by the offices, shall not be a public record and shall not be released to any person or agency outside such facility except pursuant to subdivisions (b), (c) and (d) of this section. The director of such a facility may consent to the release of such information and records, subject to regulation by the commissioner, pursuant to the exceptions stated in subdivision (c) of this section; provided that, for the purpose of this subdivision, such consent shall be deemed to be the consent otherwise required of the commissioner pursuant to subdivision (c) of this section. Nothing in this subdivision shall be construed to limit, restrict or otherwise affect access to such clinical information or records by the mental health information service, the commission on quality of care for the mentally disabled or the offices when such access is authorized elsewhere in law.

(f) Any disclosure made pursuant to this section shall be limited to that information necessary in light of the reason for disclosure. Information so disclosed shall be kept confidential by the party receiving such information and the limitations on disclosure in this section shall apply to such party. Except for disclosures made to the mental health information service, to persons reviewing information or records in the ordinary course of insuring that a facility is in compliance with applicable quality of care standards, or to governmental agents requiring information necessary for payments to be made to or on behalf of patients or clients pursuant to contract or in accordance with law, a notation of all such disclosures shall be placed in the clinical record of that individual who shall be informed of all such disclosures upon request; provided, however, that for disclosures made to insurance companies licensed pursuant to the insurance law, such a notation need only be entered at the time the disclosure is first made.

NEW YORK STATE SOCIAL SERVICE LAW
CHILD ABUSE REPORTING

§413. Persons and officials required to report cases of suspected child abuse or maltreatment.

Persons and officials required to report cases of suspected child abuse or maltreatment. 1. The following persons and officials are required to report or cause a report to be made in accordance with this title when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is an abused or maltreated child, or when they have reasonable cause to suspect that a child is an abused or maltreated child where the parent, guardian, custodian or other person legally responsible for such child comes before them in their professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child: any physician; surgeon; medical examiner; coroner; dentist; osteopath; optometrist; chiropractor; podiatrist; resident; intern; psychologist; registered nurse; hospital personnel engaged in the admission, examination, care or treatment of persons; a Christian Science practitioner; school official; social services worker; day care center worker; provider of family or group family day care; employee or volunteer in a residential care facility defined in subdivision seven of secton four hundred twelve of this chapter or any other child care or foster care worker; mental health professional; peace officer; police officer; district attorney or assistant district attorney; investigator employed in the office of a district attorney; or other law enforcement official. Whenever such person is required to report under this title in his or her capacity as a member of the staff of medical or other public or private institution, school, facility or agency, he or she shall immediately notify the person in charge of such institution, school, facility or agency, or his or her designated agent, who then also shall become responsible to report or cause reports to be made. However, nothing in this section or title is intended to require more than one report from any such institution, school or agency. At the time of the making of a report, or at any time thereafter, such person or official may exercise the right to request, pursuant to paragraph (A) of subdivision four of section four hundred twenty-two of this article, the findings of an investigation made pursuant to this title or section 45.07 of the mental hygiene law.

2. Any person, institution, school, facility, agency, organization, partnership or corporation which employs persons mandated to report suspected incidents of child abuse or maltreatment pursuant to subdivision one of this section shall provide consistent with section four hundred twenty-one of this chapter, all such current and new employees with written information explaining the reporting requirements set out in subdivision one of this section and in sections four hundred fifteen through four hundred twenty of this title. The employers shall be responsible for the costs associated with printing and distributing the written information.

3. Any state or local governmental agency or authorized agency which issues a license, certificate or permit to an individual to operate a family day care home or group family day care home shall provide each person currently holding or seeking such a license, certificate or permit with written information explaining the reporting requirements set out in subdivision one of this section and in sections four hundred fifteen through four hundred twenty of this title.

PUBLIC HEALTH LAW
SECTION 18
Chapter 497 of the Laws of 1986
Records Access

§18.1 Access to patient information.

1. Definitions. For the purpose of this section:

   a. "Committee" means a medical access review committee appointed pursuant to subdivision four of this section.

   b. "Health care provider" or "provider" means a "health care facility" or a "health care practitioner" as defined by this subdivision.

   c. "Health care facility" or "facility" means a hospital as defined in article twenty-eight of this chapter, a home care services agency as defined in article thirty-six of this chapter, a hospice as defined in article forty of this chapter, a health maintenance organization as defined in article forty-four of this chapter, and a shared health facility as defined in article forty-seven of this chapter.

   d. "Health care practitioner" or "practitioner" means a person licensed under article one hundred thirty-one, one hundred thirty-one B, one hundred thirty-two, one hundred thirty-three, one hundred thirty-six, one hundred thirty-nine, one hundred forty-one, one hundred forty-three, one hundred forty-four, one hundred fifty-three, one hundred fifty-four, one hundred fifty-six or one hundred fifty-nine of the education law or a person certified under section twenty-five hundred sixty of this chapter.

   e. "Patient information" or "information" means any information concerning or relating to the examination or treatment of an identifiable subject maintained or possessed by a health care facility or health care practitioner who has treated or is treating such subject, except

      (i) information and clinical records subject to the provisions of section 23.05 or 33.13 of the mental hygiene law,

      (ii) personal notes and observations of a health care practitioner, provided that such personal notes and observations are maintained by the practitioner and not disclosed by the practitioner to any other person after January first, nineteen hundred eighty-seven,

      (iii) information maintained by a practitioner, concerning or relating to the prior examination or treatment of a subject received from another practitioner, provided however, that such information may be requested by the subject directly from such other practitioner in accordance with the provisions of this section,

      (iv) data disclosed to a practitioner in confidence by other persons on the basis of an express condition that such data would never be disclosed to the subject or other persons, provided that such data has never been disclosed to any other person. If at any time such personal notes and observations or such data is disclosed, it shall be considered patient information for purposes of this section. For purposes of this subdivision, "disclosure to any other person" shall not include disclosures made to practitioners as part of a consultation or referral during the treatment of the subject, to persons reviewing information or records in the ordinary course of ensuring that a provider is in compliance with applicable quality of care, licensure or accreditation standards, to an employee or official of a federal, state or local agency for the sole purpose of conducting an audit in the course of his or her official duties, to the statewide planning and research cooperative system, to other persons pursuant to a court order, to governmental agencies, insurance companies licensed pursuant to the insurance law and other third parties requiring information necessary for payments to be made to or on behalf of patients, to qualified researchers, to the state board for professional medical conduct when such board requests such information

in the exercise of its statutory function, to an insurance carrier insuring, or an attorney consulted by, a health care provider, or to a health maintenance organization certified pursuant to article forty-four of this chapter or licensed pursuant to the insurance law, or to the committee or a court pursuant to the provisions of this section.

For purposes of this subdivision treatment of a subject shall not include diagnostic services performed by a practitioner at the request of another health care practitioner provided, however, that such information may be requested by the subject directly from the practitioner at whose request such diagnostic services were performed, in accordance with the provisions of this section.

f. "Personal notes and observations" means a practitioner's speculations, impressions (other than tentative or actual diagnosis) and reminders, provided such data is maintained by a practitioner.

g. "Qualified person" means any properly identified subject, committee for an incompetent appointed pursuant to article seventy-eight of the mental hygiene law, or a parent of an infant, a guardian of an infant appointed pursuant to article seventeen of the surrogate's court procedure act or other legally appointed guardian of an infant who may be entitled to request access to a clinical record pursuant to paragraph (c) of subdivision two of this section.

h. "Subject" means an individual concerning whom patient information is maintained or possessed by a health care provider.

i. "Treating practitioner" means the health care practitioner who has primary responsibility for the care of the subject within the health care facility or if such practitioner is unavailable, a practitioner designated by such facility.

2. Access by qualified persons. (a) Subject to the provisions of subdivision three of this section, upon the written request of any subject, a health care provider shall provide an opportunity, within ten days, for such subject to inspect any patient information concerning or relating to the examination or treatment of such subject in the possession of such health care provider.

b. Subject to the provisions of subdivision three of this section, upon the written request of the committee for an incompetent appointed pursuant to article seventy-eight of the mental hygiene law, a health care provider shall provide an opportunity, within ten days, for the inspection by such committee of any patient information concerning the incompetent subject in the possession of such health care provider.

c. Subject to the provisions of subdivision three of this section and except as otherwise provided by law, upon the written request of a parent or guardian of an infant appointed pursuant to article seventeen of the surrogate's court procedure act, or any other legally appointed guardian, a health care provider shall provide an opportunity, within ten days, for such parent or guardian to inspect any patient information maintained or possessed by such provider concerning care and treatment of the infant for which the consent of such parent or guardian was obtained or where care was provided without consent in an emergency which was the result of accidental injury or the unexpected onset of serious illness; provided, however, that such parent or guardian shall not be entitled to inspect or make copies of any patient information concerning the care and treatment of an infant where the health care provider determines that access to the information requested by such parent or guardian would have a detrimental effect on the provider's professional relationship with the infant, or on the care and treatment of the infant, or on the infant's relationship with his or her parents or guardian.

d. Subject to the provisions of subdivision three of this section, upon the written request of any qualified person, a health care provider shall furnish to such person, within a reasonable time, a copy of any patient information requested which the person is authorized to inspect pursuant to this subdivision.

e. The provider may impose a reasonable charge for all inspections and copies, not exceeding the costs incurred by such provider. A qualified person shall not be denied access to patient information solely because of inability to pay.

f. A provider may place reasonable limitations on the time, place, and frequency of any inspections of patient information.

g. In the event that a practitioner does not have space available to permit the inspection of patient information, the practitioner may, in the alternative, furnish a qualified person a copy of such information within ten days.

h. A provider may request the opportunity to review the patient information with the qualified person requesting such information, but such review shall not be a prerequisite for furnishing the information.

i. A provider may make available for inspection either the original or a copy of patient information.

3. Limitations on access. (a) Upon receipt of a written request by a qualified person to inspect or copy patient information, a practitioner may review the information requested. Unless the practitioner determines pursuant to paragraph (d) of this subdivision that:

(i) the requested review of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right to access to the information, or

(ii) the material requested is personal notes and observations, or the information requested would have a detrimental effect as defined in subdivision two of this section, review of such patient information shall be permitted or copies provided.

b. Upon receipt of a written request by a qualified person to inspect patient information maintained by a facility, the facility shall inform the treating practitioner of the request. The treating practitioner may review the information requested. Unless the treating practitioner determines, pursuant to paragraph (d) of this subdivision that the requested review of the information can reasonably be expected to cause substantial and indentifiable harm to the subject or others which would outweigh the qualified person's right of access to the information or would have a detrimental effect as defined in subdivision two of this section, review of such patient information shall be permitted or copies provided.

c. A subject over the age of twelve years may be notified of any request by a qualified person to review his/her patient information, and, if the subject objects to disclosure, the provider may deny the request. In the case of a facility, the treating practitioner shall be consulted.

d. The provider may deny access to all or a part of the information and may grant access to a prepared summary of the information if, after consideration of all the attendant facts and circumstances, the provider determines that

(i) the request to review all or a part of the patient information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access to the information, or would have a detrimental effect as defined in subdivision two of this section, or

(ii) the material requested is personal notes and observations. In conducting such review, the provider may consider, among other things, the following factors:

(i) the need for, and the fact of, continuing care and treatment

(ii) the extent to which the knowledge of the information may be harmful to the health or safety of the subject or others;

(iii) the extent to which the information contains sensitive material disclosed in confidence to the practitioner or treating practitioner by family members, friends and other persons;

(iv) the extent to which the information contains sensitive materials disclosed to the practitioner or the treating practitioner by the subject which would be injurious to the subject's relationships with other persons, except when the subject is requesting information concerning himself or herself; and

(v) in the case of a minor making a request for access pursuant to subdivision two of this section, the age of the subject.

e. In the event of a denial of access, the qualified person shall be informed by the provider of such denial, and whether the denial is based on the reasonable expectation that release of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which outweighs the qualified person's right of access to the information or on the reasonable expectation that release of the information would have a detrimental effect as defined in subdivision two of this section, or on the basis that the materials sought to be reviewed constitute personal notes and observations, and of the

qualified person's right to obtain, without cost, a review of the denial by the appropriate medical record access review committee. If the qualified person requests such review, the provider shall, within ten days of receipt of such request, transmit the information including personal notes and observations as defined herein, to the chairman of the appropriate committee with a statement setting forth the specific reasons for which access was denied. After an in camera review of the materials provided and after providing all parties a reasonable opportunity to be heard, the committee shall promptly make a written determination whether the requested review of the information can reasonably be expected to cause substantial and identifiable harm to the subject or others which outweighs the qualified person's right of access to the information pursuant to paragraph (d) of this subdivision or whether the requested review would have a detrimental effect as defined in subdivision two of this section, or whether all or part of the materials sought to be reviewed constitute personal notes and observations, and shall accordingly determine whether access to all or part of such materials shall be granted. In the event that the committee determines that the request for access shall be granted in whole or in part, the committee shall notify all parties and the provider shall grant access pursuant to such determination.

f. In the event that access is denied in whole or in part because the requested review of information can reasonably be expected to cause substantial and identifiable harm to the subject or others which would outweigh the qualified person's right of access to the information, or would have a detrimental effect as defined in subdivision two of this section, the committee shall notify the qualified person of his or her right to seek judicial review of the provider's determination pursuant to this section: provided however, that a determination by the committee as to whether materials sought to be reviewed constitute personal notes and observations shall not be the subject of judicial review. Within thirty days of receiving notification of such decision, the qualified person may commence, upon notice, a special proceeding in supreme court for a judgement requiring the provider to make available the information for inspection or copying. The court upon such application and after an in camera review of the materials provided including the determination and record of the committee, and after providing all parties an opportunity to be heard, shall determine whether there exists a reasonable basis for the denial of access. The relief available pursuant to this section shall be limited to a judgement requiring the provider to make available to the qualified person the requested information for inspection or copying.

4. Medical record access review committees. The commissioner shall appoint medical record access review committees to hear appeals of the denial of access to patient information as provided in paragraph (e) of subdivision three of this section. Members of such committees shall be appointed by the commissioner from a list of nominees submitted by statewide associations of providers in the particular licensed profession involved; provided, however, that, with respect to patient information maintained by a psychiatrist, the list of nominees shall be composed of psychiatrists. In the case of the licensed physicians, such association shall be the medical society of the state of New York. Such medical record access review committees shall consist of no less than three nor more than five licensed professionals. The commissioner shall promulgate rules and regulations necessary to effectuate the provisions of this subdivision.

5. Annual report. The commissioner shall submit an annual report on or before December thirty-first to the governor and the legislature. Such report shall include, but not be limited to, the number of requests for committee review of providers' denial of access and the committees' determinations thereon.

6. Disclosure to third persons. Whenever a health care provider, as otherwise authorized by law, discloses patient information to a person or entity other than the subject of such information or to other qualified persons, either a copy of the subject's written authorization shall be added to the patient information or the name and address of such third party and a notation of the purpose for the disclosure shall be indicated in the file or record of such subject's patient information maintained by the provider provided, however, that for disclosures made to government agencies making payments on behalf of patients or to insurance companies licensed pursuant to the insurance law such a notation shall only be entered at the time the disclosure is first made. This subdivision shall not apply to disclosure to practitioners or other personnel employed by or un-

der contract with the facility, or to government agencies for purposes of facility inspections or professional conduct investigations. Any disclosure made pursuant to this section shall be limited to that information necessary in light of the reason for disclosure. Information so disclosed should be kept confidential by the party receiving such information and the limitations on such disclosure in this section shall apply to such party.

7. Applicability of federal law. Whenever federal law or applicable federal regulations restrict or, as a condition for the receipt of federal aid, require that the release of patient information be more restrictive than is provided under this section, the provisions of federal law or federal regulations shall be controlling.

8. Challenges to accuracy. A qualified person may challenge the accuracy of information maintained in the patient information and may require that a brief written statement prepared by him or her concerning the challenged information be inserted into the patient information. This statement shall become a permanent part of the patient information and shall be released whenever the information at issue is released. This subdivision shall apply only to factual statements and shall not include a provider's observations, inferences or conclusions.

   A facility may place reasonable restrictions on the time and frequency of any challenges to accuracy.

9. Waivers void. Any agreement by an individual to waive any right to inspect, copy or seek correction of patient information as provided for in this section shall be deemed to be void as against public policy and wholly unenforceable.

10. Nothing contained in this section shall restrict, expand or in any way limit the disclosure of any information pursuant to articles twenty-three, thirty-one and forty-five of the civil practice law and rules or section six hundred seventy-seven of the county law.

11. No proceeding shall be brought or penalty assessed, except as provided for in this section, against a health care provider, who in good faith, denies access to patient information.

12. Immunity from liability. No health care provider shall be subjected to civil liability arising solely from granting or providing access to any patient information in accordance with this section.

I. Medical Schools and Schools of Basic Medical Sciences in the United States

II. Medical Schools in Canada

III. Schools of Osteopathic Medicine

Table I

Medical Schools and Schools of Basic Medical Sciences in the United States With Accredited Programs, 1986-1987*

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
ALABAMA		
University of Alabama School of Medicine, Birmingham 35294 (public)	1859	James A. Pittman, Jr., MD
University of South Alabama College of Medicine, Mobile 36688 (public)	1967	Charles M. Baugh, MD
ARIZONA		
University of Arizona College of Medicine Tucson 85724 (public)	1962	James Dalen, MD
ARKANSAS		
University of Arkansas College of Medicine, Little Rock 77205 (public)	1879	I. Dodd Wilson, MD
CALIFORNIA		
Loma Linda University School of Medicine, Loma Linda 92350 (private)	1909	B. Lyn Behrens, MB, BS
Stanford University School of Medicine, Stanford 94305 (private)	1908	David Korn, MD
University of California, Davis, School of Medicine, Davis 95616 (public)	1963	Hibbard E. Williams, MD
University of California, Irvine California College of Medicine, Irvine 92717 (public)	1962	Edward Quilligan, MD
University of California, Los Angeles, School of Medicine, Los Angeles 90024 (public)	1951	Kenneth I. Shine, MD
University of California, San Diego, School of Medicine, La Jolla 92093 (public)	1962	Gerard N. Burrow, MD
University of California, San Francisco, School of Medicine, San Francisco 94143 (public)	1864	Rudi Schmid, MD, Phd
University of Southern California School of Medicine, Los Angeles 90033 (private)	1885	Robert E. Tranquada, MD
COLORADO		
University of Colorado School of Medicine Denver 80262 (public)	1883	Eugene D. Jacobson, MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
CONNECTICUT		
University of Connecticut School of Medicine, Farmington 06032 (public)	1961	Eugene M. Sigman, MD
Yale University School of Medicine, New Haven 06510 (private)	1812	Leon E. Rosenberg, MD
DISTRICT OF COLUMBIA		
Georgetown University School of Medicine, 20007 (private)	1851	Milton Corn, MD
George Washington University School of Medicine and Health Sciences, 20037 (private)	1825	L. Thompson Bowles, MD,PhD (Interim)
Howard University College of Medicine, 20059 (private)	1868	Russell L. Miller, MD
FLORIDA		
University of Florida College of Medicine, Gainesville 32610 (public)	1956	William B. Deal, MD
University of Miami School of Medicine, Miami 33101 (private)	1952	Bernard J. Fogel, MD
University of South Florida College of Medicine, Tampa 33612 (public)	1965	Ronald P. Kaufman, MD (Interim)
GEORGIA		
Emory University School of Medicine, Atlanta 30322 (private)	1854	Richard M. Krause, MD
Medical College of Georgia, Augusta 30912 (public)	1828	Albert W. Pruitt, MD (Interim)
Morehouse School of Medicine, Atlanta 30314 (private)	1978	Stanford A. Roman, Jr., MD
HAWAII		
University of Hawaii John A. Burns School of Medicine, Honolulu 96822 (public)	1967	Christian L. Gulbrandsen, MD (Acting)
ILLINOIS		
Loyola University of Chicago, Stritch School of Medicine, Maywood 60153 (private)	1915	Anthony L. Barbato, MD
Northwestern University Medical School, Chicago 60611 (private)	1859	Harry N. Beaty, MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
ILLINOIS - (continued)		
Rush Medical College, Chicago 60612 (private)	1837	Henry P. Russe, MD
Southern Illiniois University School of Medicine, Springfield 62708 (public)	1969	Richard H. Moy, MD
University of Chicago Pritzker School of Medicine, Chicago 60637 (private)		Samuel Hellman, MD
University of Health Sciences-The Chicago Medical School, North Chicago 60064 (private)	1912	Marshall A. Falk, MD
University of Illinois College of Medicine, Chicago 60612 (public)	1881	Phillip M. Forman, MD
INDIANA		
Indiana University School of Medicine, Indianapolis 46223 (public)	1903	Walter J. Daly, MD
IOWA		
University of Iowa College of Medicine, Iowa City 52242 (public)	1869	John W. Eckstein, MD
KANSAS		
University of Kansas School of Medicine, Kansas City 66103 (public)	1905	D. Kay Clawson, MD
KENTUCKY		
University of Kentucky College of Medicine, Lexington 40536 (public)	1956	Emery A. Wilson, MD
University of Louisville School of Medicine, Louisville 40292 (public)	1837	Donald R. Kmetz, MD
LOUISIANA		
Louisiana State University School of Medicine in New Orleans, 70112 (public)	1931	Robert S. Daniels, MD
Louisiana State University School of Medicine in Shreveport, 71130 (public)	1966	Darryl M. Williams, MD (Acting)
Tulane University School of Medicine, New Orleans 70112 (private)	1834	Blackwell B. Evans, MD (Actng)
MARYLAND		
Johns Hopkins University School of Medicine, Baltimore 21205 (private)	1893	Richard S. Ross, MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
MARYLAND – (continued)		
Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine, Bethesda 20014 (public)	1972	Jay P. Sanford, MD
University of Maryland School of Medicine, Baltimore 21201 (public)	1807	John M. Dennis, MD
MASSACHUSETTS		
Boston University School of Medicine, Boston 02118 (private)	1873	Aram V. Chobanian, MD
Harvard Medical School, Boston 02115 (private)	1782	Daniel C. Tosteson, MD
Tufts University School of Medicine, Boston 02111 (private)	1893	Henry H. Banks, MD
University of Massachusetts Medical School, Worcester 01605 (public)	1962	James B. Hanshaw, MD
MICHIGAN		
Michigan State University College of Human Medicine, East Lansing 48824 (public)	1964	W. Donald Weston, MD
University of Michigan Medical School, Ann Arbor 48109 (public)	1850	Joseph E. Johnson III, MD
Wayne State University School of Medicine, Detroit 48201 (public)	1885	Robert Sokol, MD (Interim)
MINNESOTA		
Mayo Medical School, Rochester 55905 (private)	1971	Franklyn G. Knox, MD
University of Minnesota Medical School, Minneapolis 55455 (public)	1883	David M. Brown, MD
MISSISSIPPI		
University of Mississippi School of Medicine, Jackson 39216 (public)	1903	Norman C. Nelson, MD
MISSOURI		
Saint Louis University School of Medicine, St. Louis 63104 (private)	1901	William Stoneman III, MD
University of Missouri, Columbia School of Medicine, Columbia 65212 (public)	1841	Hugh E. Stephenson, Jr., MD (Interim)

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
MISSOURI - (continued)		
University of Missouri, Kansas City School of Medicine, Kansas City 64108 (public)	1968	James J. Mongan, PhD
Washington University Medical School, St. Louis 63110 (private)	1855	M. Kenton King, MD
NEBRASKA		
Creighton University School of Medicine, Omaha 68178 (private)	1892	Richard L. O'Brien, MD
University of Nebraska College of Medicine, Omaha 68105 (public)	1881	Robert Waldman, MD
NEVADA		
University of Nevada School of Medicine, Reno 89557 (public)	1969	Robert M. Daugherty, Jr., MD, PhD
NEW HAMPSHIRE		
Dartmouth Medical School, Hanover 03756 (private)	1797	Robert W. McCollum, MD
NEW JERSEY		
University of Medicine and Dentistry of New Jersey-New Jersey Medical School, Newark 07103 (public)	1956	Stuart D. Cook, MD (Acting)
University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, Piscataway 08854 (public)	1966	Norman H. Edelman, MD (Acting)
NEW MEXICO		
University of New Mexico School of Medicine, Albuquerque 87131 (public)	1961	Leonard M. Napolitano, PhD
NEW YORK		
Albany Medical College of Union University, Albany 12208 (private)	1838	Nancy Gary, MD
Albert Einstein College of Medicine of Yeshiva University, New York 10461 (private)	1955	Dominick P. Purpura, MD
Columbia University College of Physicians and Surgeons, New York 10032 (private)	1767	Herbert Pardes, MD
Cornell University Medical College, New York 10021 (private)	1898	G. Tom Shires, MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
NEW YORK – (continued)		
Mount Sinai School of Medicine of the City University of New York, New York 10029 (private)	1963	Nathan Kase, MD
New York Medical College, Valhalla 10595 (private)	1858	Karl P. Adler, MD
New York University School of Medicine, New York 10016 (private)	1841	Saul J. Farber, MD (Acting)
State University of New York at Buffalo School of Medicine, Buffalo 14214 (public)	1846	John Naughton, MD
State University of New York Health Science Center at Brooklyn, Brooklyn 11203 (public)	1858	Laurence Finberg, MD
State University of New York at Stony Brook School of Medicine, Stony Brook 11794 (public)	1962	Jordan J. Cohen, MD
State University of New York, Health Science Center at Syracuse, Syracuse 13210 (public)	1834	John Bernard Henry, MD, President
University of Rochester School of Medicine and Dentistry, Rochester 14642 (private)	1920	Robert J. Joynt, MD, PhD
NORTH CAROLINA		
Bowman Gray School of Medicine of Wake Forest University, Winston-Salem 27103 (private)	1902	Richard Janeway, MD
Duke University School of Medicine, Durham 27710 (private)	1925	Doyle G. Graham, MD
East Carolina University School of Medicine, Greenville 27834 (public)	1967	William E. Laupus, MD
University of North Carolina at Chapel Hill School of Medicine, Chapel Hill 27514 (public)	1879	Stuart Bondurant, MD
NORTH DAKOTA		
University of North Dakota School of Medicine, Grand Forks 58202 (public)	1905	Edwin C. James, MD (Interim)
OHIO		
Case Western Reserve University School of Medicine, Cleveland 44106 (private)	1843	Richard E. Behrman, MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
OHIO - (continued)		
Medical College of Ohio at Toledo, 43699 (public)	1964	Frank G. Standaert, MD
Northeastern Ohio Universities College of Medicine, Rootstown 44272 (public)	1973	Colin Campbell, MD
Ohio State University College of Medicine, Columbus 43210 (public)	1907	Manuel Tzagournis, MD
University of Cincinnati College of Medicine, Cincinnati 45267 (public)	1819	John J. Hutton, Jr., MD
Wright State University School of Medicine, Dayton 45401 (public)	1973	John O. Lindower, MD, PhD (Interim)
OKLAHOMA		
Oral Roberts University School of Medicine, Tulsa 74171 (private)	1974	Larry Edwards, MD
University of Oklahoma College of Medicine, Oklahoma City 73190 (public)	1900	G. Rainey Williams, MD (Acting)
OREGON		
Oregon Health Sciences University School of Medicine, Portland 97201 (public)	1887	John W. Kendall, MD
PENNSYLVANIA		
Hahnemann University School of Medicine, Philadelphia 19102 (private)	1848	Harry Wollman, MD
Jefferson Medical College of Thomas Jefferson University, Philadelphia 19107 (private)	1825	Joseph S. Gonnella, MD
Medical College of Pennsylvania, Philadelphia 19129 (private)	1850	Alton I. Sutnick, MD
Pennsylvania State University College of Medicine, Hershey 17033 (state-related)	1963	C. McCollister Evarts, MD
Temple University School of Medicine, Philadelphia 19140 (state-related)	1901	Martin Goldberg, MD
University of Pennsylvania School of Medicine, Philadelphia 19104 (private)	1765	Edward J. Stemmler, MD
University of Pittsburgh School of Medicine, Pittsburgh 15261 (state-related)	1886	George M. Bernier, Jr., MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
PUERTO RICO		
Ponce School of Medicine, Ponce 00732 (private)	1978	Luis F. Sala, MD
Universidad Central del Caribe, Escuela de Medicina, Cayey 00633 (private)+	1976	Raul A. Marcial-Rojas, MD, JD
University of Puerto Rico School of Medicine, San Juan 00936 (public)	1949	Nydia R. de Jesus, MD
RHODE ISLAND		
Brown University Program in Medicine, Providence 02912 (private)	1963	David S. Greer, MD
SOUTH CAROLINA		
Medical University of South Carolina College of Medicine, Charleston 29425 (public)	1823	George W. Bates, MD
University of South Carolina School of Medicine, Columbia 29208 (public)	1974	J. O'Neal Humphries, MD
SOUTH DAKOTA		
University of South Dakota School of Medicine, Vermillion 57069 (public)	1907	Robert C. Talley, MD
TENNESSEE		
East Tennessee State University Quillen-Dishner College of Medicine, Johnson City 37614 (public)	1978	Paul E. Stanton Jr., MD (Interim)
Meharry Medical College School of Medicine, Nashville 37208 (private)	1876	Louis J. Bernard, MD (Interim)
University of Tennessee, Center for the Health Sciences, College of Medicine, Memphis 38163 (public)	1851	Robert L. Summitt, MD
Vanderbilt University School of Medicine, Nashville 37232 (private)	1874	John E. Chapman, MD
TEXAS		
Baylor College of Medicine, Houston 77030 (private)	1900	Bobby Alford, MD
Texas A & M University College of Medicine, College Station 77843 (public)	1971	Richard A. DeVaul, MD
Texas Tech University Health Sciences Center School of Medicine, Lubbock 79430 (public)	1969	J. Ted Hartman, MD (Interim)

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
TEXAS - (continued)		
University of Texas Medical Branch at Galveston, 77550 (public)	1890	George T. Bryan, MD
University of Texas Medical School at Houston, 77225 (public)	1969	John C. Ribble, MD
University of Texas Medical School at San Antonio, 78284 (public)	1966	James J. Young, PhD (Interim)
University of Texas Southwestern Medical School at Dallas, 75235 (public)	1943	Rody Cox, MD
UTAH		
University of Utah School of Medicine, Salt Lake City 84132 (public)	1905	Walter Stevens, PhD (Interim)
VERMONT		
University of Vermont College of Medicine, Burlington 05405 (public)	1822	William H. Luginbuhl, MD
VIRGINIA		
Eastern Virginia Medical School, Norfolk 23501 (private)	1973	Richard G. Lester, MD
University of Virginia School of Medicine, Charlottesville 22908 (public)	1827	Robert M. Carey, MD
Virginia Commonwealth University Medical College of Virginia, Richmond 23298 (public)	1838	Stephen M. Ayres, MD
WASHINGTON		
University of Washington School of Medicine, Seattle 98195 (public)	1945	Michael E. Whitcomb, MD
WEST VIRGINIA		
Marshall University School of Medicine, Huntington 25701 (public)	1974	Lester R. Bryant, MD, ScD
West Virginia University School of Medicine, Morgantown 26506 (public)	1902	James M. Stevenson, MD (Interim)
WISCONSIN		
Medical College of Wisconsin, Milwaukee 53226 (private)	1912	Richard A. Cooper, MD
University of Wisconsin Medical School, Madison 53706 (public)	1907	Arnold L. Brown, MD

Medical Schools (Ownership)	Year Organized	Dean or Executive Officer
SCHOOL OF BASIC MEDICAL SCIENCES		
MINNESOTA		
University of Minnesota Duluth School of Medicine, Duluth 55812 (public)	1969	James G. Boulger, PhD (Interim)
DEVELOPING MEDICAL SCHOOLS - OPERATIONAL PROGRAMS WITH PROVISIONAL ACCREDITATION		
GEORGIA		
Mercer University School of Medicine, Macon 31207 (private)	1973	W. Douglas Skelton, MD

*As of June 1, 1987.

Table II

Medical Schools in Canada With Accredited Programs, 1986-1987*

Medical Schools	Year Organized	Ownership	Chief Administrative Officer
NEWFOUNDLAND			
Memorial University of Newfoundland, Faculty of Medicine, St. John's A 1B 3V6	1967	Public	D. Hawkins, MD
NOVA SCOTIA			
Dalhousie University, Faculty of Medicine, Halifax B3H 4H7	1868	Private	T. J. Murray, MD
QUEBEC			
Universite Laval, Faculte de medecine, Quebec G1K 7P4	1853	Privee	P. Potvin, MD
Universite de Sherbrooke, Faculte de medecine, Sherbrooke J1H 5N4	1961	Privee	M.A. Bureau, MD
Universite de Montreal, Faculte de medecine, Montreal H3H 3T7	1877	Privee	Y. Gauthier, MD
McGill University, Faculty of Medicine Montreal H3G 1Y6	1829	Private	R. L. Cruess, MD
ONTARIO			
University of Ottawa, Faculty of Medicine, Ottawa K 1N 8M5	1945	Private	G. D. Hurteau, MD
Queen's University, Faculty of Medicine, Kingston, K7L 3N6	1854	Private	D. Sinclair, MD
University of Toronto, Faculty of Medicine, Toronto M5S 1A8	1887	Public	J. H. Dirks, MD
McMaster University, Faculty of Medicine, Hamilton L8S 4J9	1965	Private	S. M. MacLeod, MD
University of Western Ontario, Faculty of Medicine, London N6A 5C1	1882	Private	L. Valberg, MD
MANITOBA.			
University of Manitoba, Faculty of Medicine, Winnipeg R3E OW3	1883	Public	N.R. Anthonisen, MD

Medical Schools	Year Organized	Ownership	Chief Administrative Officer
SASKATCHEWAN			
University of Saskatchewan, College of Medicine, Saskatoon S7N OWO	1926	Public	I. McDonald, MD
ALBERTA			
University of Alberta, Faculty of Medicine, Edmonton T6H 2G3	1913	Public	D. Wilson, MD
University of Calgary, Faculty of Medicine, Calgary T2N 1N4	1965	Public	M. Watanabe, MD
BRITISH COLUMBIA			
University of British Columbia, Faculty of Medicine, Vancouver V6T 1W5	1950	Public	W. A. Webber, MD

*Updated as of May 1987.

Table III

Schools of Osteopathic Medicine

Schools	First Class Enrolled	Dean or Executive Officer
CALIFORNIA		
College of Osteopathic Medicine of the Pacific, Pomona 91766-1889	1978	O.J. Bailes, DO
FLORIDA		
Southeastern College of Osteopathic Medicine, Miami Beach 33162	1981	Arnold Melnick, DO
ILLINOIS		
Chicago College of Osteopathic Medicine Chicago 60615	1900	J. Jerry Rodos, DO
IOWA		
University of Osteopathic Medicine and Health Sciences, College of Osteopathic Medicine and Surgery, Des Moines 50312	1898	Lawrence E. Jacobson, DO
MAINE		
University of New England, College of Osteopathic Medicine, Biddeford 04005	1978	Joseph H. Walsh, DO
MICHIGAN		
Michigan State University, College of Osteopathic Medicine, East Lansing 48824	1969	Myron S. Magen, DO
MISSOURI		
The University of Health Sciences College of Osteopathic Medicine Kansas City 64124	1916	Leonard Mennen, DO
Kirksville College of Osteopathic Medicine, Kirksville 63501	1926	Allen W. Jacobs, DO
NEW JERSEY		
University of Medicine and Dentistry School of Osteopathic Medicine Camden 08103	1977	Frederick J. Humphrey, DO
NEW YORK		
New York College of Osteopathic Medicine of New York Institute of Technology, Old Westbury 11568	1977	Philip F. Fleisher, DO
OHIO		
Ohio University College of Osteopathic Medicine, Athens 45701	1976	Frank W. Myers, DO

Schools	First Class Enrolled	Dean or Executive Officer
OKLAHOMA		
The Oklahoma College of Osteopathic Medicine and Surgery, Tulsa 74107	1974	Jack R. Wolfe, DO
PENNSYLVANIA		
Philadelphia College of Osteopathic Medicine, Philadelphia 19131	1921	Jon Peter Tilley, DO
TEXAS		
Texas College of Osteopathic Medicine Fort Worth 76107	1970	David M. Richards, DO
WEST VIRGINIA		
West Virginia School of Osteopathic Medicine, Lewisburg 24901	1974	Paul W. Herr, DO

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